

State of Maine  
Department of Health and Human Services  
SOUTHBOROUGH TOWN CLERK  
Permit for Disposition of Human Remains

RECEIVED  
SOUTHBOROUGH TOWN CLERK

2021 AUG 11 P 4:33

Distribution of Copies:



Place of Final Disposition  
Place of Death



Place Permit Issued  
Issuing Clerk – Retain Until  
Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)

Paul L. MacArthur

2. DATE OF DEATH (Mo., Day., Yr.)

July 23, 2021

3. SEX	4. AGE	5. WAS DECEDENT EVER IN U.S. ARMED FORCES?	Yes <input type="checkbox"/>	6. PLACE OF DEATH (City or Town)	(State)	
Male	57		No <input checked="" type="checkbox"/>	Wells, ME		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER HO9011		
Bibber Memorial Chapel, 67 Summer Street, Kennebunk, ME 04043						
8. PERMISSION REQUESTED FOR: (Check All That Apply)						
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment						
9. AUTHORIZATION FOR PERMIT		<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11)	10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
→		

11. SIGNATURE OF SUBREGISTRAR → <i>Edward V. Bibber</i>	11b. SUBREGISTRAR OF (List Municipality appointed by): Wells, ME	11c. DATE SIGNED (Mo., Day, Yr.) 07/24/2021
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<b>DISPOSITION</b>					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)		
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →			15. DATE (Mo., Day, Yr.)	
REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Southborough Rural Cemetery		17. LOCATION (City or Town) (State) Southborough MA		
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>L. Miller</i>			19. DATE (Mo., Day, Yr.) 7-24-2021	
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION Morris Funeral Home		21. LOCATION (City or Town) (State) Southborough MA		
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>P. C. C.</i>			23. DATE (Mo., Day, Yr.) 7-24-2021	
DISPOSITION OF CREMAINS:	<input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT			26. DATE (Mo., Day, Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	27. NAME OF CEMETERY OR VAULT		28. LOCATION (City or Town) (State)		
	29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →			30. DATE (Mo., Day, Yr.)	

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

## USE BLACK INK ONLY - MAKE NO ERASURES IN THIS SECTION OR HUMAN REMAINS

TOWN CLERK ACT 31, 2008 3:30PM *Paul J. Berry*

RECEIVED AND FILED IN THE MARYNOVICH TOWN CLERK

1A. NAME OF DECEASED—FIRST JOHN

1B. MIDDLE -

1C. LAST MANNING

TOWN CLERK

2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 12/05/1952	4. DATE OF DEATH (MONTH, DAY, YEAR) 03/16/2008	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
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6A. CITY OF DEATH

LOS ANGELES

6B. COUNTY OF DEATH—if outside of California, enter state  
LOS ANGELES

7A. NAME OF INFORMANT

MAGDA MALDONADO

7B. RELATIONSHIP TO DECEDENT

FUN DIR

8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

8B. CALIFORNIA LICENSE NUMBER—if applicable  
FD2

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

3827 E WHITTIER BLVD  
LOS ANGELES, CA 90023RACHAL'S FUNERAL HOME  
5138 S BROADWAY  
LOS ANGELES, CA 90037

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health &amp; Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health &amp; Safety Code Section 10305.

9A. APPLICANT SIGNATURE  
*John Fielding*9B. DATE SIGNED  
10/03/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION OF California.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 10/03/2008	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ► JONATHAN FIELDING, MD
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10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—if death occurred in California LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—if different from 10D
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11. AUTHORIZED DISPOSITION(S)

FOR CORONER'S USE ONLY

CR/TRANSIT

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CEMETERY Rural Cemetery Southborough, MA 01772  Disptn: Sec.4, Lot 35B, Grv. 5A (cremains)	12B. DATE BURIED 10/29/08	12C. INTERMENT NUMBER—if applicable
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY THE GARDENS 1835 S. LEWIS ST., ANAHEIM, CA 92805	13B. DATE CREMATED 10/07/2008	13C. CREMATION NUMBER—if applicable 2370
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED MORRIS FUNERAL HOME 40 MAIN STREET, SOUTHBOROUGH, MA 01772	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—if applicable
		►	16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1—ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.\*

COPY 2—RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3—RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.\*

\* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

# The Woodlawn Cemetery

EVERETT, MASS.

## CERTIFICATE OF CREMATION

RECEIVED  
TOWN CLERK'S OFFICE

2010 NOV -5 A 11:05

SOUTHBOROUGH, MA 01772

*This is to certify that the burial permit and the Medical Examiner's certificate prerequisite to cremation have been duly presented and that herewith are the cremated remains of*

Diana E. Martin

*whose body was cremated at THE WOODLAWN CREMATORY*

Date of Death April 19, 1981 Place Boston, Mass. Age 22 Years

Cause Not Stated

Cremation Number C-13262 Date of Cremation April 25, 1981

Certified this 29th day of April 1981 by

*Jeffrey C. Elmer*  
Superintendent 3/34

The cremated remains of Diana E. Martin were buried on October 13, 2010.

Final Disposition - Sec. 1, Lot 22, Grv#8. Located  
in Southborough's Rural Cemetery, Southborough Massachusetts 01772.

Certified by

*O. G. Johnson Jr.*  
Cemetery Supervisor

NEW YORK STATE DEPARTMENT OF HEALTH  
Vital Records Section

Burial - Transit Permit

DECEDENT	Name First <b>GLORIA</b>	Middle <b>D.</b>	Last <b>MARTIN</b>	Sex <b>F</b>
	Date of Death <b>10/21/2010</b>	Age <b>87</b>	If Veteran of U.S. Armed Forces <b>N/A</b>	<b>RECEIVED TOWN CLERK'S OFFICE</b>
	Place of Death <b>CITY ELMIRA</b>	City, Town or Village	Hospital, Institution or Street Address	<b>ACM NOV - 5 A 11: 05</b>
	Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide		Circumstances	<b>SOUTHBOROUGH, MA</b> Pending Investigation
	Medical Certifier	Name <b>JEAN H. ANCION</b>	Title <b>MD</b>	
	Address <b>600 ROE AVE ELMIRA, NY</b>			
	Death Certificate Filed City, Town or Village	Elmira, NY	District Number <b>700</b>	Register Number <b>788</b>
	<input checked="" type="checkbox"/> Burial	Date <b>10/25/2010</b>	Cemetery or Crematory <b>B. BOROUGH RURAL CEMETERY</b>	
	<input type="checkbox"/> Entombment	Address <b>S. BOROUGH, MA</b>		
	<input type="checkbox"/> Cremation			
<input type="checkbox"/> Removal and/or Hold	Date	Place Removed and/or Held		
	Address <b>S. BOROUGH, MA</b>	<i>JPK</i>		
<input checked="" type="checkbox"/> Transportation by Common Carrier	Date <b>10-22-2010</b>	Point of Shipment <b>Syracuse, NY</b>		
	Destination <b>S. Borough, MA</b>			
<input type="checkbox"/> Disinterment	Date	Cemetery Address		
<input type="checkbox"/> Reinterment	Date	Cemetery Address		
Permit Issued to Name of Funeral Home	<b>CAYWOOD'S FUNERAL HOME &amp; GARDENS</b>		Registration Number <b>00299</b>	
Address <b>1126 BROADWAY SOUTHPORT, NY 14904</b>				
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above	<b>Acton Funeral Home, 470 Mass. Ave. Acton, MA 01720</b>			
Address				
Permission is hereby granted to dispose of the human remains described above as indicated.				
Date Issued <b>10/21/10</b>	Registrar of Vital Statistics <i>Linda Kream Deputy</i> (signature)			
District Number <b>700</b>	Place Chemung Cty. Health Dept Office of Vital Statistics PO Box 588 Elmira, NY 14902-0588			
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on: Rural Cemetery				
Date of Disposition <b>10/25/2010</b>	Place of Disposition <b>Southborough, MA 01772</b>	(address)		
		1 (section)	22 (lot number)	
		8 (grave number)		
Name of Sexton or Person in Charge of Premises <b>Bridget A. Gilleney-DeCenzo</b>		(please print)		
Signature <i>B. A. Gilleney-DeCenzo</i>		Title Cemetery Supervisor (DPW)		

(over)

~~2001-2002~~  
§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.
2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.
3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.
4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of the burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.
5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

**RECEIVED  
TOWN CLERK'S OFFICE  
SOUTHBOROUGH, MA**

*MJ*

Georgia Department of Human Resources Vital Records Service				PERMIT NUMBER	
PERMIT FOR THE DISPOSITION OF HUMAN REMAINS				3332	
Name of Deceased	Date of Death	Fetal Death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
1. <b>KATHLEEN ANN MASCIRELLI</b>	2. <b>7-26-10</b>	3.			
Place of Death (Hospital or Street No) OR Interment (Cemetery)	City, Town or Location of Death OR Interment		County of Death OR Interment		
4. <b>3240 Lakeside Dr. Cumming, Georgia. 30041</b>	5.	6. <b>FORSYTH</b>			
Name of Certifying Physician, Coroner or Medical Examiner (Not Used for Disinterment/Reinterment)	Certifier's Address (Not Used for Disinterment/Reinterment)				
7. <b>Dr. William Childs</b>	8. <b>8013 Maiors Road. Cumming. GA 30041</b>				
Funeral Home Name and Address				Funeral Home Lic. No.	
<b>Bvars Funeral Home &amp; Cremation Services</b> 9. <b>155 Professional Park Drive. Cumming. GA 30040</b>				10. <b>1644</b>	
Method of Disposition <b>→</b>		OR		Date of Disposition OR Reinterment	
11. <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other	Removal From State <input type="checkbox"/>		Disinterment/ <input type="checkbox"/> Reinterment <input type="checkbox"/>	12. <b>7-29-10</b>	
Name and Address of Disposition OR Reinterment Site			Location of Disposition OR Reinterment Site (County, City or State)		
13. <b>Memorial Park Crematory 2030 Memorial Park Dr Gainesville GA</b>			14. <b>GATNRSUTT,I.R. THAT,T.I. Cecia</b>		
31-10-20.(a) The funeral director or person acting as such, or other person who first assumes custody of a dead body or fetus shall obtain a disposition permit prior to cremation or removal from the state of the body or fetus. A disposition permit may be required within the state by local authorities.					
Loc 2 Vital Records Registrar - Signature 15. <i>[Signature]</i>					
Sexton or Person In Charge - Signature 16. <i>[Signature]</i> Date Signed <b>May 27, 2010</b>					
17. <i>[Signature]</i> Date Signed <b>7-28-10</b>					

Form 3934 (Rev 8-91)

FUNERAL DIRECTOR

The cremated remains of Kathleen Ann Masciarelli were buried on **July 31, 2010**  
at Rural Cemetery in **Southborough, MA**, Final Disp. **Sec.10, Lot 33, Gry#6B**

Certified by

*[Signature]*  
Cemetery Supervisor

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>		RECEIVED TOWN CLERK'S OFFICE	
3. DECEDENT'S NAME (First, Middle, Last) <b>BARBARA FRANCES MASTERMAN</b>		1. BURIAL PERMIT NO 2. CITY OR TOWN	
6. AGE <b>87 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>JUNE 14, 1924</b>	4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>JUNE 2, 2012</b>
8. CITY, TOWN, OR LOCATION OF DEATH <b>LACONIA</b>		9. COUNTY OF DEATH <b>BELKNAP</b>	
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: <b>1</b>			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETERY</b>			
12. LOCATION (City/Town, State) <b>SOUTHBOROUGH, MA</b>			
13. DATE OF DISPOSITION (Refer to 19a) <b>JUNE 7, 2012</b>			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>			
16. FUNERAL DIRECTOR <b>CYNTHIA F BRYANT</b>		17. N.H. LIC. NUM ONLY <b>0000</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>JOHN C. BRYANT FUNERAL HOME, WAYLAND, MA</b>			
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) <b>RUSSELL J BEANE</b>		20. CITY/TOWN <b>LACONIA</b>	21. DATE ISSUED (Month, Day, Year) <b>JUNE 5, 2012</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW</b>			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Burial Sec. 1, Lot 2B, Grv#4</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>June 7, 2012</b>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery, Southborough, MA</b>
30. SECTION <b>1</b>	31. GRAVE NO. <b>4</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			



Received and filed in the Office of the Town Clerk June 20, 2003  
State of Florida, Department of Health, Vital Statistics 8:00am  
APPLICATION FOR BURIAL - TRANSIT PERMIT

A.	(TYPE)				Paul J. Berry, Town Clerk			
1.	Name of Deceased	First	Middle	Last	Date of Death	Month	Day Year	
		Charles	Filmore	Masterman		June	12 2003	
2.	Place of Death County	City, Town or Location		Name of (If neither, give street address) Hosp. or Inst.				
	Highlands	Sebring		Florida Hospital Heartland				
3.	Name of Medical Certifier	Address	Phone Number					
	DR Laghaee <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician	3581 S. Highlands Ave. Sebring, FL 33870	863-385-5129					
4.	Name of Funeral Home/Direct Disposal Establishment	Address	Fla. Lic. No./Reg. No.	Phone No. (Area Code)				
	Fountain-Chandler Funeral Home	125 Park Ave. E. Lake Placid, FL 33852	1874	863 465-2113				
5.	Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/>	The Nurse at Doctors office was contacted on 6-12-03 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that DR Laghaee will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/>	was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6.	Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No.	Date Signed				
		Glenne Brooks	3173	6-13-2003				

B.

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. 18740368

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Martha Chandler

Date

Issued:

6-12-2003 Date Certificate

Due:

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number:

[REDACTED]

Date

Medical Examiner,

, gave authorization by telephone to

Funeral Director/Direct Disposer.

Date

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Method of Disposition:

Place of Disposition

Rural Cemetery  
Southborough, MA 01772

BURIAL

STORAGE

Date of Disposition

June 18, 2003

Sec. 1, Lot 2B, Grv#3

CREMATION

OTHER (Specify)

Signature of Sexton  
or Person-in-Charge

{ [REDACTED]  
[REDACTED] }

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

# **INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM**

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## **APPLICATION FOR PERMIT**

### **Section A.**

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

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## **BURIAL-TRANSIT PERMIT**

### **Section B.**

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

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## **AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA**

### **Section C.**

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

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## **CEMETERY OR CREMATORY**

### **Section D.**

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

DECEDENT	Name First <b>MARIE</b>	Middle <b>F.</b>	Last <b>MELLO</b>	Sex <b>FEMALE</b>
	Date of Death <b>1-7-93</b>	Age <b>61</b>	If Veteran of U.S. Armed Forces, War or Dates <b>N/A</b>	Hospital, Institution or Street Address <b>TOMPKINS COMMUNITY HOSP</b>
Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending Circumstances <input type="checkbox"/> Investigation				
Medical Certifier	Name <b>LAWRENCE P. ENDO</b>	Title <b>MD</b>		
Address	<b>1301 TRUMANSBURG ROAD, ITHACA, NY 14850</b>			
<input type="checkbox"/> Reinterment				
Death Certificate Filed <input type="checkbox"/> City/Town or Village <b>TOWN OF ITHACA</b>	District Number <b>5400</b>		Register Number	
<input checked="" type="checkbox"/> Burial	Date <b>11-12-93</b>	Cemetery or Crematory <b>RURAL CEMETERY</b>		
<input type="checkbox"/> Cremation	Address <b>Southborough,</b>	<b>MASSACHUSETTS</b>		
<input type="checkbox"/> Removal and/or Hold	Date <b></b>	Place Removed and/or Held		
	Address <b></b>			
<input type="checkbox"/> Transportation by Common Carrier	Date <b></b>	Point of Shipment		
	Destination <b></b>			
<input type="checkbox"/> Disinterment	Date <b></b>	Cemetery Address		
<input type="checkbox"/> Reinterment	Date <b></b>	Cemetery Address		
Permit Issued to Name of Funeral Firm Address	<b>BANGS FUNERAL HOME, INC.</b>			Registration Number <b>00093</b>
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above Address	<b>209 WEST GREEN ST, ITHACA, NY 14850</b>			
Permission is hereby granted to dispose of the human remains described above as indicated.				
Date Issued <b>1-8-93</b>	Registrar of Vital Statistics <b>Deputy Shirley J. Burns</b>	(signature)		
District Number <b>5400</b>	Place <b>Ithaca, NY</b>			
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on: Rural Cemetery				
Date of Disposition <b>1 - 12 -93</b>	Place of Disposition <b>Cordaville Road, Southborough, MA 01772</b>	(address)		
D (section)	29 (lot number)	4 (grave number)		
Name of Sexton or Person in Charge of Premises <b>Bridget A. Gilleney</b> (please print)				
Signature <b>Bridget A. Gilleney</b>	Title <b>Supervisor - Cemetery Division</b>			

PUBLIC HEALTH LAW

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

13, 15  
CLERK'S OFFICE

4/10/06 Pg.231 Sec. 9, Lot A, Grv#2, Matarese FH, 4C's Burial vault

Received and filed in the Office of the Town Clerk April 19, 2006 10:30am

## **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

**USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS**

**Paul J. Berry, TownClerk**

1A. NAME OF DECEASED - FIRST (GIVEN) <b>DOMENIC</b>	1B. MIDDLE <b>J</b>	1C. LAST (FAMILY) <b>MERLONI</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>10/22/1923</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>04/04/2006</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>PALM DESERT</b>	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE <b>RIVERSIDE</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GAIL MERLONI, WIFE 76594 BEGONIA LANE PALM DESERT, CA 92241</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ROSE MORTUARY, 66424 PIERSON BOULEVARD DSRT HT SPRINGS, CA 92240</b>		7B. CALIF. LICENSE NUMBER -- IF APPLICABLE <b>FD 1568</b>	8A. SIGNATURE OF APPLICANT - Person taking permit <b>► Gail Garrett</b>		
ACKNOWLEDGEMENT OF APPLICANT	8B. DATE SIGNED <b>► 04/05/2006</b>				
<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOS- ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID <b>11.00</b>	9B. DATE PERMIT ISSUED <b>04/05/2006</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>► GARY M FELDMAN, MD</b>	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- IF DEATH OCCURRED IN CALIFORNIA <b>RIVERSIDE COUNTY HEALTH DEPT. P.O. BOX 7600 RIVERSIDE, CA 92513-7600</b>	-	--	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

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**10. AUTHORIZED DISPOSITION(S)**

**FOR CORONER'S USE ONLY**

TR

COMPLETE ALL APPLICABLE ITEMS				
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>- Burial In Rural Cemetery Southborough, MA</b>	11B. DATE BURIED <b>4/10/06</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED <b>MATARESE FUNERAL HOME, 325 MAIN STREET, ASHLAND, MA 01721</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER - IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

**STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS**

VS9e (REV.12/04)

## SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

RECEIVED  
TOWN CLERK'S OFFICE  
2012 JUL 10 A 10:35

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

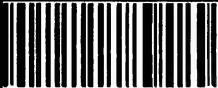
FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO <i>mg</i>
3. DECEDENT'S NAME (First, Middle, Last) <b>EVELYN MERRILL</b>			4. SEX <b>FEMALE</b>
5. DATE OF DEATH (Month, Day, Year) <b>MAY 23, 2011</b>			
6. AGE <b>92 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>OCTOBER 29, 1918</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>CHESTERFIELD</b>	9. COUNTY OF DEATH <b>CHESHIRE</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): <b>CODE: 3</b>			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>EVERGREEN CREMATORY</b>			
12. LOCATION (City/Town, State) <b>BRATTLEBORO, VT</b>			
13. DATE OF DISPOSITION (Refer to 19a) <b>MAY 26, 2011</b>			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL <b>UNKNOWN</b>			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) <b>UNKNOWN</b>			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR <b>CHRISTOPHER M WILDER</b>		17. N.H. LIC. NUM ONLY <b>876</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>FLETCHER FUNERAL HOME AND CREMATION SERVICES, KEENE, NH</b>			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>CHRISTOPHER M WILDER</b>		20. CITY/TOWN <b>CHESTERFIELD</b>	21. DATE ISSUED (Month, Day, Year) <b>MAY 26, 2011</b>
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Buried</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>June 23, 2012</b>	29. NAME AND LOCATION OF CEMEYERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA</b>
30. SECTION <b>1-C</b>	31. GRAVE NO. <b>Lot 1-D, Grv2A</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Buddy G. Gillman - DeL</i>	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton), must be forwarded within six days to the clerk of the town in which the disposition takes place.			

		RECEIVED TOWN OF FOLSOMS OFFICE			PERMIT NUMBER
A COPY OF THIS PERMIT MUST ACCOMPANY THE BODY TO THE FINAL DESTINATION.		STATE OF ARIZONA 2018 JUN 15 A 11:51 DEPARTMENT OF HEALTH SERVICES – BUREAU OF VITAL RECORDS DISPOSITION TRANSIT PERMIT			DP2018-015677
IDENTIFICATION OF DECEASED	1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST SUFFIX) JOHN, MICHAEL, MINNUCCI		2. SEX MALE	3. DATE OF BIRTH 03/20/1957	4. DATE OF DEATH 05/20/2018
	5. PLACE OF DEATH - CITY OR TOWN YUMA		6. COUNTY YUMA	7. STATE ARIZONA	
MANNER AND PLACE OF DISPOSITION	8. NAME AND ADDRESS OF FUNERAL, FACILITY OR PERSON RESPONSIBLE YUMA MORTUARY & CREMATORY 775 S 5TH AVENUE, YUMA, AZ 85364				
	9. NAME OF FUNERAL DIRECTOR OR RESPONSIBLE PERSON DARREN, MATTICE				
	10. METHOD OF DISPOSITION CREMATION	11. NAME AND LOCATION OF 1 <sup>ST</sup> DISPOSITION FACILITY YUMA MORTUARY & CREMATORY, YUMA, AZ, US			12. DATE OF DISPOSITION 05/22/2018
	13. METHOD OF DISPOSITION <i>URG. Cremation Sec. M, Gov. #136A</i>	14. NAME AND LOCATION OF 2 <sup>ND</sup> DISPOSITION FACILITY <i>RURAL Cemetery 11 Concordville Rd., South Glendale, AZ</i>			15. DATE OF DISPOSITION <i>June 12, 2018</i>
AUTHORIZATION	16. MEDICAL EXAMINER'S AUTHORIZATION FOR CREMATION <i>VICTOR, M., ALVAREZ</i>			17. DATE OF AUTHORIZATION 05/21/2018	
A.A.C. R9-19-313 REQUIRES THAT A PERSON IN CHARGE OF A PLACE OF FINAL DISPOSITION IN ARIZONA SHALL MAINTAIN A COPY OF THIS DISPOSITION TRANSIT PERMIT AT THE PLACE OF FINAL DISPOSITION FOR AT LEAST FIVE YEARS AFTER THE ISSUE DATE.					

VS-8 Rev 7/2017

*S. C. Kelley - D.L. 6/12/2018*



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION**



State File #

2014 070387

0000000879

Form R-309 07012014

**PERMIT**

**RECEIVED**  
TOWN OF UPTON'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2014 SEP 26 AM: 04

<b>DECEDENT</b>	Decedent Name	MOORE . MARY		
	Place of Death	UMASS MEMORIAL MEDICAL CENTER - UNIVERSITY CAMPUS, WORCESTER, MA		
	Date of Death	SEPTEMBER 15, 2014	Date of Birth	DECEMBER 07, 1921
	Residence	238 W MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 SOUTHBOROUGH, MA		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent)		Rank/organization/outfit(most recent)		
Date entered(most recent)		Date Discharged(most recent)	Service Number(most recent)	
<b>CERTIFIER</b>	Certifier EVAN BRADLEY, MD			Lic # 261011
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655			
	Immediate Cause of Death LEFT MIDDLE CEREBRAL ARTERY STROKE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

<b>DISPOSITION</b>	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL			Date of Disposition SEPTEMBER 20, 2014	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				

**Endorsements**

<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: WORCESTER	
	State Tracking # 070387		Local Permit # 1216-14	
	Date	SEPTEMBER 16, 2014	Date	SEPTEMBER 17, 2014
			Name of Agent	DEREK S. BRINDISI

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

<b>CONFIRMATION</b>	Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Section 3, Lot 42A, Gry#1		Signature 
	Disposition Type Full Earth Burial	Date of Disposition Sept. 20, 2014	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo

**Acceptance of Permit**

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

[INSTRUCTIONS ON REVERSE SIDE]  
FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS



The Commonwealth of Massachusetts  
STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

95 0534 ✓

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY						
4a PLACE		4b DECEASED - NAME FIRST		MIDDLE	LAST	
4c HOSP.		1 WALTER FRANCIS MC CURLEY SR.		2 M	3 FEB. 27, 1995	
5. TYPE		PLACE OF DEATH (City/Town)		COUNTY OF DEATH		
7. VET.		4a WORCESTER		4b WORCESTER		
8. HISP RACE		4c PLACE OF DEATH (Check only one): HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 5		4d HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) MEDICAL CENTER OF CENTRAL MASS. - MEMORIAL CAMPUS		
9. EDUC.		4e WAS DECEASED OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) 6a NO <input type="checkbox"/> YES 6b Specify:		4f SOCIAL SECURITY NUMBER 6 029-18-7527 7, WWII		
10. AGE		AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	4g RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b WHITE 9 12	
11. NATIVITY		10a 72 b MOS c DAYS	10b HOURS	10c MINS	4h DECEASED'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) College (1-4, 5+)	
12. MARITAL		10d DATE OF BIRTH (Mo., Day, Yr.) FEB. 9, 1923		4i BIRTHPLACE (City and State or Foreign Country) 11 WATERTOWN, MA.		
15. RESID.		12 MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		13 LAST SPOUSE (If wife, give maiden name) MILDRED W. IRONS	14a USUAL OCCUPATION (Prior - If retired) ENGINEER 14b TECHNITION	
15. OUT-STATE		15a RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 28 RUTH RD., MARLBORO, MIDDLESEX, MA.		15b ZIP CODE 01752		
23. DISP.		16 FATHER - FULL NAME THOMAS MC CURLEY		17 MOTHER - NAME (GIVEN) (MAIDEN) MA. 18 NORA CULKIN 19 MA.		
31-32 AUTOP.		18 INFORMANT'S NAME MILDRED W. MC CURLEY		19 MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21 28 RUTH RD., MARLBORO, MA. 01752 22 RELATIONSHIP WIFE		
33. MED EXAM		20 METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE		21 FUNERAL SERVICE LICENSEE 24 JOHN P. ROWE JR. 25 5375		
34. MANNER		22 DONATION <input type="checkbox"/> OTH. SPEC:		23 PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) RURAL CEMETERY		
35C. WORK, INJ.		24 DATE OF DISPOSITION (Mo., Day, Yr.) MAR. 2, 1995		25 NAME AND ADDRESS OF FACILITY JOHN P. ROWE FUNERAL HOME INC. 26b 57 MAIN ST., MARLBORO, MA. 01752		
35F. PLACE		26a		26c LOCATION (City/Town, State) SOUTHBORO, MA.		
36-37 CERT		27 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.		28 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS		
40a RN PRO		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SEPTIC SHOCK b. PNEUMONIA c. d.		29 b. DUE TO (OR AS A CONSEQUENCE OF) 30 SEQUENTIALLY LIST CONDITIONS, IF ANY LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.		
CERTIFIER		31 PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.		31 d. DUE TO (OR AS A CONSEQUENCE OF) 32 e. DUE TO (OR AS A CONSEQUENCE OF)		
33. MED EXAM		34 WAS CASE REFERRED TO M.E.? (Yes or No) <input checked="" type="checkbox"/> NC	34a MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION	DATE OF INJURY (Mo., Day, Yr.) 35a	TIME OF INJURY 35b	INJURY AT WORK 35c
34. MANNER		35 DESCRIBE HOW INJURY OCCURRED		35c PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify:		35f LOCATION (No. & St., City/Town, State)
35C. WORK, INJ.		36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <i>Marc Resnick MD</i>		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)		37b DATE SIGNED (Mo., Day, Yr.)
35F. PLACE		36b DATE SIGNED (Mo., Day, Yr.) FEBRUARY 27, 1995		37c HOUR OF DEATH 337 PM		HOUR OF DEATH 37c
36-37 CERT		36c NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER ROBERT SUMNER		37d PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hr.) 37e
40a RN PRO		38 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) MARC RESNICK 119 Belmont St. Worcester MA 01605		38b LICENSE NO. OF CERTIFIER 35-58-57		
BLACK INK ONLY		39a WAS THERE AN R.N. PRONOUNCEMENT? Yes or No <input checked="" type="checkbox"/> NO	39b IF YES, DATE PRONOUNCED 40b	39c IF YES, TIME PRONOUNCED 40c	39d NAME OF PRONOUNCING REGISTERED NURSE NAME	
R-301-89		41 DATE BURIAL PERMIT ISSUED: Marc 21 1995		42 RECEIVED IN THE CITY/TOWN OF: WORCESTER		43 DATE OF RECORD MARCH 1, 1995
		41 SIGNATURE - BD. OF HEALTH AGENT EX-TRICATOR OF PUBLIC H		42 CLERK'S SIGNATURE		

RECEIVED  
TOMMIE'S OFFICE  
2014 SEP 15 P 1:41  
SOUTHBOROUGH, MA



State of Florida, Department of Health, Bureau of Vital Statistics  
BURIAL TRANSIT PERMIT

DATE PRINTED: July 31, 2014

TRACKING NUMBER: 2014109593

1.

DECEDENT INFORMATION

Name of Deceased	Date of Death	
LOUISE M MCDONOUGH	July 29, 2014	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
HILLSBOROUGH	RUSKIN	SUN CITY CENTER HOSPICE HOUSE
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
AFFINITY DIRECT CREMATION SVC F040178 1446 OAKFIELD DRIVE BRANDON, FLORIDA, 33511	F040178	(813) 684-7500
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
TOM C. WAGNER	F032310	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Meade Grigg, State Registrar

Permit Number: 2014-F040178-5212

Date Issued: July 29, 2014

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 13 Approval Number: 14-05161Q

4.

CEMETERY OR CREMATORIUM

Place of Disposition:	CREMATION CENTER OF TAMPA BAY	
Method of Disposition:	CREMATION	Date of Disposition:

EDRS maintains all statutorily required information regarding the death record and related  
burial transit permit, therefore, returning the permit to the county health department is no  
longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 328E, 10/12

64V-1.011, Florida Administrative Code

I hereby certify that the cremated remains of  
Louise M. McDonough Accompanying this certificate was disposed  
of in accordance with it's term.

At Rural Cemetery Town Southborough, MA  
On August 13, 2014 Final Disposition Sec.4, Lot 3A, Grv#1B  
Certified by   
Cemetery Supervisor Town of Southborough



State of Florida, Department of Health, Bureau of Vital Statistics  
BURIAL TRANSIT PERMIT

DATE PRINTED: November 5, 2018

TRACKING NUMBER: 2018177526

1.

DECEDENT INFORMATION

Name of Deceased	Date of Death	
CAROLE RUTH MCLAUGHLIN	November 3, 2018	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
INDIAN RIVER	VERO BEACH	GRACE REHABILITATION CENTER OF VERO BEACH
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
COX-GIFFORD SEAWINDS FUNERAL HOME & CREMATOR Y F073377	F073377	(772) 562-2365
1950 20TH ST VERO BEACH, FLORIDA, 32960		
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
RACHEL E DELASHMUTT	F052116	
Medical Verification Statement		
Office Staff at the certifying physician's office, was contacted on 11/05/2018 by the funeral director listed above; he/she indicated that ZAFAR IQBAL SHARAR, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.		

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2018-F073377-5428

Date Issued: November 5, 2018

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 19

Approval Number: C18-19-11-CGS9

4.

CEMETERY OR CREMATOR Y

Place of Disposition: *Lake Cemetery "Conderville Rd"*

*JES. McELWEE,*

Method of Disposition: *Burial of Cremated Remains*

Date of Disposition: *DEC. 4, 2018*

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

SOUTH BREVARD M

2018 DEC 11 P 12:

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK OCT. 7, 2008 9:00AM  
REMOVAL, TRANSIT AND BURIAL PERMIT

PERMIT NO.

2008-58

DATE ISSUED

6 / 23 / 08

i-9 Rev. 12/18/98

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HARTFORD, CT 06134-0308*Paul J. Berry*

PAUL J. BERRY, TOWN CLERK

THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF  Sylvia Whitman	WHO DIED AT  McLean	ON  6 / 19 / 08
--	---------------------------	-----------------------

## CAUSE OF DEATH

Failure to thrive, dementia

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)  
  
Farmington Valley Crematory, Canton, CT

FINAL PLOT	SECTION NO.	LOT NO.	GRAVE NO.	OTHER PLACE OF INTERMENT (Specify)
------------	-------------	---------	-----------	------------------------------------

SUED TO (Name of Funeral Director or Embalmer)  Richard J. Vincent Jr	ADDRESS  VFH 880 Hopmeadow St, Simsbury	IF EMBALMER, LICENSE NO.  2315
---	---	--------------------------------------

Certificates required by state statute have been  
issued and recorded. Body has been prepared  
in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

*Janet C. Brady, Asst.*

TOWN OF

Simsbury

TRANSIT PASTER

 YES  NO

## SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED  
CEMETERY (Sexton's Signature)

DATE BODY BURIED

/ /

I Hereby certify That the cremated remains accompanying  
this permit was disposed of in accordance with its termsat: Burnett Burial Park  
on: September 20, 2008Person making arrangements: Angelica Schuyler Whitman (Dau)  
Cemetery Mgmt Signature: *Bethany C. Bellamy-Davis*

RECEIVED

			Commonwealth of Massachusetts Registry of Vital Records and Statistics	SOUTHBOROUGH TOWN CLERK State File # <b>2022 002399</b>
0000610850		DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		
Form R-309 07012014		OCME CASE # 2022-384 2022 FEB -8 P 3:43		

## Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MCMAHON , STEPHANIE LYNNE				
	Place of Death	49 BOSTON ROAD,SOUTHBOROUGH,MA				
	Date of Death	JANUARY 07, 2022	Date of Birth	MARCH 06, 1986	Sex	FEMALE
	Residence	49 BOSTON ROAD, APT4D, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent)	NO				
Branch of military (most recent)	Rank/organization/outfit(most recent)					
---	---					
Date entered(most recent)	Date Discharged(most recent)	Service Number(most recent)				
---	---	---				
CERTIFIER	Certifier	RICHARD J. EVANS, MD			Lic #	58622
	Addr.	55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655				
	Immediate Cause of Death	PENDING				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee	SEAN A OTERI	Lic #	7097		
	Facility.	OTERI FUNERAL HOME, INC., FRANKLIN, MASSACHUSETTS				
	Disposition Type	BURIAL			Date of Disposition	JANUARY 17, 2022
	Place/Address	SAINT MARY'S CEMETERY, 185 BEAVER STREET, FRANKLIN, MASSACHUSETTS 02038				

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	002399		
	Date	Local Permit #	002399	
		Date	JANUARY 17, 2022	
	Name of Agent	JAMES F. HEGARTY		

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
Place of Disposition (Facility Name and Address)		Signature		
St. Mary Cemetery 175 Beaver St. Franklin MA		X Rev Brian Manning		
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		
Burial	January 17, 2022	Joseph Spencer		

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

## PERMIT #

## FLORIDA CERTIFICATE OF DEATH

## FOR PROOFING ONLY

1. DECEDENT'S NAME (First, Middle, Last, Suffix)

CHARLES F. McNEIL, JR.

2. SEX

Male

3. DATE OF BIRTH (Month, Day, Year)

10-25-1922

4a. AGE-Last Birthday

March 85

4b. UNDER 1 YEAR

Months

4c. UNDER 1 DAY

Days

4d. UNDER 1 HOUR

Hours

4e. UNDER 1 MINUTE

Minutes

5. DATE OF DEATH (Month, Day, Year)

6-26-08

12:15 PM

6. SOCIAL SECURITY NUMBER

720-10-9939

7. BIRTHPLACE (City and State or Foreign Country)

WEST HOBK, MASS

8. COUNTY OF DEATH

BREVARD

9. PLACE OF DEATH

HOSPITAL:

 Inpatient

Emergency Room/Outpatient

Dead on Arrival

(Check only one)

NON-HOSPITAL:

Hospice Facility

Nursing Home/Long Term Care Facility

Decedent's Name

Other (Specify)

10. FACILITY NAME (If not institution, give street address)

CAPE CANAVERAL HOSPITAL

11a. CITY, TOWN, OR LOCATION OF DEATH

11b. INSIDE CITY LIMITS?

 Yes  No

12. MARRITAL STATUS (Specify)

Married

 Married, but Separated Widowed Divorced Never Married

13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

14a. RESIDENCE - STATE

FL

14b. COUNTY

BREVARD

14c. CITY, TOWN, OR LOCATION

COCOA BEACH

14d. APT. NO.

1037

32931

14e. ZIP CODE

 Yes  No

14f. STREET ADDRESS

620 S. BREVARD AVE

14g. INSIDE CITY LIMITS?

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.)

Do not use "Retired"

FLEET DISPATCHER

16b. KIND OF BUSINESS/INDUSTRY

ASPHALT DISTRIBUTION

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)

 White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN?

 Yes (If Yes, specify)  No Mexican Puerto Rican Cuban Central/South American(Specify if decedent was of Hispanic or Haitian Origin.)  Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)

 8th or less High school but no diploma High school diploma or GED College but no degree

College degree (Specify):

 Associate Bachelor's Master's Doctorate19. WAS DECEDENT EVER IN  
U.S. ARMED FORCES? Yes  No

20. FATHER'S NAME (First, Middle, Last, Suffix)

CHARLES F. MCNEIL, SR

21. MOTHER'S NAME (First, Middle, Maiden Surname)

MARY L. O'DONNELL

22a. INFORMANT'S NAME

LEE THOMAS MCNEIL

22b. RELATIONSHIP TO DECEDENT

SON

23a. INFORMANT'S MAILING STATE

MASS

23b. CITY OR TOWN

STOW

23c. STREET ADDRESS

150 BARTON RD

23d. ZIP CODE

01775

24. INFORMANT'S SIGNATURE

24b. PHONE #

978-568-3672

25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

25a. LOCATION - STATE

25b. LOCATION - CITY OR TOWN

26a. METHOD OF DISPOSITION

 Cremation

## NOTES

12 DC5 10 W/TH 2 W/O

FINAL DISPOSITION:  AN  PN

Urn Earth burial of Urn- Mahogany type

Disposition of Cremains Burial on 7/26/08 Sec.C-West, Lot 51S, Grv#4A

Arranged by Lee McNeil (Son) Stow, MA 978-568-3672

Burial At Rural Cemetery, Southborough, MA

Cemetery Mngt Signature -

*Paul J. Berry*  
Paul J. Berry  
Town Clerk

STATE OF HAWAII  
DEPARTMENT OF HEALTH**BURIAL-TRANSIT PERMIT**RESEARCH AND  
STATISTICS OFFICE

763

PERMIT NO.

DATE OF DEATH  
NOVEMBER 21, 2003

NAME OF DECEASED (FIRST)		(MIDDLE)	(LAST)	PLACE OF DEATH (CITY OR TOWN)	
EDWARD		WEBSTER	NEWTON	(CITY)	(STATE)
SEX	RACE	AGE	81	KIHEI, MAUI, HAWAII	
MALE	CAUCASIAN				
Method of disposal		11/26/03		PLACE OF DISPOSITION (NAME OF CEMETERY OR CREMATORIUM)	
<input type="checkbox"/> Burial	<input checked="" type="checkbox"/> Cremation			BALLARD FAMILY MORTUARY	
<input type="checkbox"/> Removal	<input type="checkbox"/>			(CITY OR TOWN)	(COUNTY)
SPECIFY OTHER		KAHULUI, MAUI, HAWAII		(STATE)	
Name of funeral establishment					
BORTHWICK MORTUARY/NORMAN'S					
A certificate of death having been filed, permission is hereby given to dispose of this body					
BUSINESS ADDRESS					
WAILUKU, HAWAII					
SIGNATURE OF LOCAL REGISTRAR					
<i>JM McHugh</i>					
AUTHORIZED DISPOSITION AS STATED ABOVE OCCURRED ON [DATE]					
(CITY OR TOWN)		(COUNTY)		DATE	
WAILUKU, MAUI				NOVEMBER 26, 2003	
SIGNATURE OF PERSON IN CHARGE OF CEMETERY OR CREMATORIUM					

<sup>1</sup>An entry here is required only if the body is shipped by common carrier and the death certificate specifies plague, Asiatic cholera, smallpox, epidemic typhus fever, yellow fever, or louse-borne relapsing fever.

<sup>2</sup>Where no designated person is in charge of a cemetery, the funeral director should sign here. The person signing is responsible for returning this permit within 10 days to the registrar of the district in which burial or cremation took place.  
RS-9 Rev. 10M 1075

The cremated remains of Edward W. Newton were buried on Sept. 21, 2004 at Rural Cemetery, Southborough. Location is Sec. B-West, Lot 40, Grv#6A.

*Bridget A. Gilleney-DeCenzo*  
Bridget A. Gilleney-DeCenzo

State of Maine  
Department of Health and Human Services  
Permit for Disposition of Human Remains

ED  
OFFICE  
1/13/21 P 2/21  
MAY

Distribution of Copies:	<input type="checkbox"/> Place of Final Disposition	<input type="checkbox"/> Place Permit Issued
	<input type="checkbox"/> Place of Death	<input type="checkbox"/> Issuing Clerk - Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)  Lillian (Pelland) Nolan			2. DATE OF DEATH (Mo., Day., Yr.)  1/12/2015		
3. SEX F	4. AGE 99	5. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town)  Lincolnville Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON  Riposta Funeral Home 182 Waldo Avenue Belfast, Maine 04915			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER  9752		
8. PERMISSION REQUESTED FOR: (Check All That Apply)  <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT	<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF  
THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11)  →		10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR  → <i>Katherine Riposta</i>		11b. SUBREGISTRAR OF (List Municipality appointed by):  Belfast	11c. DATE SIGNED (Mo., Day, Yr.)  1/13/2015
<b>DISPOSITION</b>			
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL  →		15. DATE (Mo., Day, Yr.)
<input checked="" type="checkbox"/> REMAINS WERE:  BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION  Rural Cemetery <i>LOT 49 WEST, GRV. 6 IN SECTION 6 - WEST</i>		17. LOCATION (City or Town) (State)  Southborough, Massachusetts
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON  → <i>T. G. Johnson - Jr.</i>		19. DATE (Mo., Day, Yr.)  1/16/2015
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION  Morris Funeral Home		21. LOCATION (City or Town) (State)  Southborough, Massachusetts
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON  →		23. DATE (Mo., Day, Yr.)  1/13/2015
DISPOSITION OF CREMAINS:	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	26. DATE (Mo., Day, Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	27. NAME OF CEMETERY OR VAULT		28. LOCATION (City or Town) (State)
	29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL  →		30. DATE (Mo., Day, Yr.)

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

State of Maine  
Department of Health and Human Services  
Permit for Disposition of Human Remains

Distribution of Copies:  Place of Final Disposition  
 Place of Death

Place Permit Issued  
 Issuing Clerk – Retain Until  
Endorsement Received

ED  
RECEIVED  
1/12/2015  
P 2:21 AM

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Lillian (Pelland) Nolan			2. DATE OF DEATH (Mo., Day., Yr.) 1/12/2015		
3. SEX F	4. AGE 99	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. PLACE OF DEATH (City or Town) Lincolnville (State) Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Riposta Funeral Home 182 Waldo Avenue Belfast, Maine 04915			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 9752		
8. PERMISSION REQUESTED FOR: (Check All That Apply)			<input type="checkbox"/> Temporary Storage	<input checked="" type="checkbox"/> Burial	<input type="checkbox"/> Cremation
			<input checked="" type="checkbox"/> Removal From State	<input type="checkbox"/> Burial at Sea	<input type="checkbox"/> Use by Medical Science
					<input type="checkbox"/> Disinterment
9. AUTHORIZATION FOR PERMIT →	<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

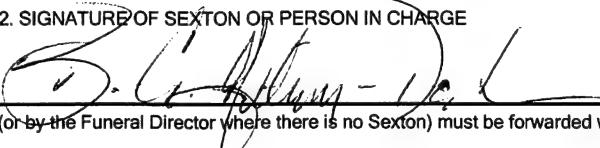
**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11) →		10b. CITY OR TOWN		10c. DATE SIGNED (Mo., Day, Yr.)	
11. SIGNATURE OF SUBREGISTRAR → Katherine Riposta		11b. SUBREGISTRAR OF (List Municipality appointed by) Belfast		11c. DATE SIGNED (Mo., Day, Yr.) 1/13/2015	
<b>DISPOSITION</b>					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE →	12. NAME OF CEMETERY OR VAULT			13. LOCATION (City or Town) (State)	
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →			15. DATE (Mo., Day, Yr.)	
<b>REMAINS WERE:</b> <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION Rural Cemetery			17. LOCATION (City or Town) (State) Southborough, Massachusetts	
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → Nancy Morris			19. DATE (Mo., Day, Yr.) Jan 13, 2015	
	20. NAME OF CEMETERY, OR OTHER DESTINATION Morris Funeral Home			21. LOCATION (City or Town) (State) Southborough, Massachusetts	
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →			23. DATE (Mo., Day, Yr.) 1/13/2015	
	DISPOSITION OF CREMAINS:		24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	
<input type="checkbox"/> REMAINS WERE DISINTERRED		27. NAME OF CEMETERY OR VAULT			28. LOCATION (City or Town) (State)
		29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →			30. DATE (Mo., Day, Yr.)

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO
3. DECEDENT'S NAME (First, Middle, Last) <b>CYNTHIA ANN O'BRIEN</b>			2. CITY OR TOWN
6. AGE <b>49 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>JULY 31, 1963</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>EPSOM</b>	4. SEX <b>FEMALE</b> 5. DATE OF DEATH (Month, Day, Year) <b>OCTOBER 26, 2012</b>
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: <b>3</b>			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>CONCORD CREMATORIUM</b>			
12. LOCATION (City/Town, State) <b>CONCORD, NH</b>			
13. DATE OF DISPOSITION (Refer to 19a) <b>OCTOBER 30, 2012</b>			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL <b>NEW RYE CEM</b>			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) <b>EPSOM, NH</b>			
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>			
16. FUNERAL DIRECTOR <b>THOMAS E PETIT</b>		17. N.H. LIC. NUM ONLY <b>060</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>STILL OAKS FUNERAL &amp; MEMORIAL HOME, EPSOM, NH</b>			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>THOMAS PETIT</b>		20. CITY/TOWN <b>EPSOM</b>	21. DATE ISSUED (Month, Day, Year) <b>OCTOBER 30, 2012</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORIUM AUTHORITY SHALL FILL OUT SPACE BELOW</b>			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Burial of cremated remains</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>11/24/2012</b>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA 01772</b>
30. SECTION <b>B-West, Lot48N</b>	31. GRAVE NO. <b>1A</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

RECEIVED  
 TOWN CLERK'S OFFICE  
 SOUTHBOROUGH  
 2012 NOV 30 AM 11:41



**State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT**

*Paul J. Barry*  
Paul J. Barry,  
Town Clerk

## A. (TYPE)

1. Name of Deceased	First Perry	Middle O'Leary	Last	Date of Death February 26, 2010	Month Year
2. Place of Death County Palm Beach	City, Town or Location West Palm Beach		Name of Hosp. or Inst. Vitas Hospice	(If neither, give street address)	
3. Name of Medical Certifier Vitas Physician	Address 2201 45th Street West Palm Beach, FL 33407				Phone Number 561-863-3968
4. Name of Funeral Home/Direct Disposal Establishment Gary Panoch Funeral Home & Cremations	Address 6140 N. Federal Highway Boca Raton, FL 33487	Fla. Lic. No./Reg. No. 040155	Phone No. (Area Code) 561-997-8580		
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input checked="" type="checkbox"/> Vitas hospice was contacted on Feb. 26, 2010 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that a hospice physician will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.				
6. Funeral Director/ Direct Disposer	Signature 	F.E. No./Reg. No. F044951	Date Signed Feb. 26, 2010		

## B.

**BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body.

Permit No. 040155-10-095

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued:

2-26-2010

Date Certificate

Dye: 2-12-2010

## C.

**AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: \_\_\_\_\_

Date \_\_\_\_\_

Medical Examiner, \_\_\_\_\_

, gave authorization by telephone to \_\_\_\_\_

Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

## D.

**CEMETERY OR CREMATORY**

Method of Disposition:

Place of Disposition Rural Cemetery Southborough, MA

Sec. 3, Lot 11, Grv#6

 BURIAL STORAGE

Date of Disposition March 6, 2010

 CREMATION OTHER (Specify) \_\_\_\_\_

Signature of Sexton or Person-in-Charge }

Distribution: White: Cemetery or Crematory  
 Yellow: Funeral Director or Direct Disposer  
 Pink: Local Registrar

# **INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM**

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## **APPLICATION FOR PERMIT**

### **Section A.**

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

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## **BURIAL-TRANSIT PERMIT**

### **Section B.**

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

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## **AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA**

### **Section C.**

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

**(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)**

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## **CEMETERY OR CREMATORIAL**

### **Section D.**

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

**State of Maine**  
**Department of Health and Human Services**  
**Permit for Disposition of Human Remains**

Distribution of Copies:  Place of Final Disposition  Place Permit Issued  
 Place of Death  Issuing Clerk - Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Elaine Olson				2. DATE OF DEATH (Mo., Day, Yr.) 11/24/2018
3. SEX <input checked="" type="checkbox"/> F	4. AGE 83	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) York, Maine	(State) SOUTHBOROUGH, MA
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Lucas & Eaton Funeral Home 91 Long Sands Road York, Maine 03909				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER H010038
8. PERMISSION REQUESTED FOR: (Check All That Apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment				
9. AUTHORIZATION FOR PERMIT	<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment <input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR →	10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR →	11b. SUBREGISTRAR OF (List Municipality appointed by): YORK	11c. DATE SIGNED (Mo., Day, Yr.) 11/30/18
<b>DISPOSITION</b>		
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT	13. LOCATION (City or Town) (State)
<input type="checkbox"/> REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	15. DATE (Mo., Day, Yr.)
	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Southborough Rural Cemetery	17. LOCATION (City or Town) (State) Southborough, Massachusetts
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	19. DATE (Mo., Day, Yr.) 12/1/2018
<input type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION	21. LOCATION (City or Town) (State)
DISPOSITION OF CREMATED REMAINS:	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	23. DATE (Mo., Day, Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT
	26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	27. DATE (Mo., Day, Yr.)
	28. NAME OF CEMETERY OR VAULT	29. LOCATION (City or Town) (State)
	30. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	31. DATE (Mo., Day, Yr.)

*Directions:* The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

Burial Date 8/3/03, Pg.48 Grv#1-A, Sec. 1-B, Lot G-1, F.H. N/A, Bronze Urn Loc. 3' from Hdstrn

Received and filed in the Office of the Town Clerk Aug. 12, 2003 RICHMOND, VIRGINIA Aug. 12, 2003 3pm  
**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HEALTH**

**DIVISION OF VITAL RECORDS**

**OUT-OF-STATE TRANSIT PERMIT**

FULL NAME OF DECEASED	Helen May Onufrock	AGE	Paul J. Berry, Town Clerk 94
PLACE OF DEATH	( City or County ) Albemarle VIRGINIA	DATE OF DEATH	( Month Day Year ) November 1, 2002
SEX	Female	RACE OR COLOR	Caucasian
DESTINATION TO WHICH REMAINS TO BE SENT	( City or County ) Rural Cemetery	( State ) South Borough, Mass.	

A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:

Funeral Director Hill & Wood Address \_\_\_\_\_

To transport said deceased as stated above.

DATE ISSUED	7-7-03	REGISTRATION DISTRICT NO.	101	SIGNATURE OF REGISTRAR		Jona. J. Datt
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( SEE OTHER SIDE )

This permit must accompany remains to destination.

## **READ CAREFULLY**

**REGISTRAR:** This Out-of-State Transit Permit is to be issued only upon receipt of a completed Certificate of Death, or under other conditions outlined in regulations. In special emergencies, you may telephone the State Registrar of Vital Records at the expense of the applicant, for instructions.

**FUNERAL DIRECTORS:** This permit is required for any manner of transportation and disposition of a dead body which is to be transported out of the State of Virginia. It must be obtained prior to removal from the State.

When used as a permit for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case. No separate transit permit is required.



State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

RECEIVED  
TOWN CLERK'S OFFICE

2010 DEC 20 A 10: 31

A. (TYPE)			
1. Name of Deceased	First <b>Sarah</b>	Middle <b>Manning</b>	Last <b>O'Regan</b>
2. Place of Death County	City, Town or Location <b>Sarasota</b> <b>Venice</b>		Name of Hosp. or Inst. <b>6270 Daffodil Road</b>
3. Name of Medical Certifier <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician	Address <b>Sarasota County Medical Examiner</b> <b>1762 Hawthorne St., Ste 5</b> <b>Sarasota FL 34239</b>		Phone Number <b>941-361-6909</b>
4. Name of Funeral Home/Direct Disposal Establishment <b>Farley Funeral Home, Inc.</b>	Address <b>265 South Nokomis Avenue</b> <b>Venice FL 34285</b>	Fla. Lic. No./Reg. No. <b>F040368</b>	Phone No. (Area Code) <b>941-488-2291</b>
5. Check Appropriate Box	<p>a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b. <input type="checkbox"/> <b>Sarasota County Medical Examiner</b> was contacted on <b>12/13/10</b>. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <b>SPQ M.E.</b> will complete and sign the medical certification of cause of death within 72 hours.</p> <p>c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.</p>		
6. Funeral Director/ Direct Disposer	Signature 	F.E. No./Reg. No. <b>F022594</b>	Date Signed <b>12/13/10</b>
<b>BURIAL - TRANSIT PERMIT</b>			
<input checked="" type="checkbox"/> A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.			Permit No. <b>2311-4025</b>
<input type="checkbox"/> No extension of time for filing the death certificate has been requested. Registrar or Subregistrar Signature			Date Issued: <b>12/13/10</b> Date Certificate Due: <b>12/22/10</b>

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: \_\_\_\_\_ Date \_\_\_\_\_

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_  
Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. Method of Disposition:		CEMETERY OR CREMATORY	Southborough Rural Cemetery Southborough, MA
<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> STORAGE		Place of Disposition	_____
<input type="checkbox"/> CREMATION Signature of Sexton or Person-in-Charge }		Date of Disposition	<b>December 18, 2010</b>
<input type="checkbox"/> OTHER (Specify) 			

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Distribution: White: Cemetery or Crematory  
Yellow: Funeral Director or Direct Disposer  
Pink: Local Registrar

## INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

### APPLICATION FOR PERMIT

#### Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed

### BURIAL-TRANSIT PERMIT

#### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

### AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

#### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

### CEMETERY OR CREMATORIAL

#### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided.

NO. 1301579 DATE 1/26/13  
REMAINS OF Arlene E. O'Reilly  
ADDRESS Bedford, N.H.  
AGE 81 DATE OF DEATH 1/24/13

# Concord Crematorium

8 Broken Bridge Road  
Concord, New Hampshire 03301

## BURIAL CERTIFICATE

The undersigned being on this date the person having charge of the Concord Crematorium, hereby certifies that the burial permit prerequisite to the cremation of this body has been duly presented.

*Christie Ladd*

I hereby certify that the cremated remains of Arlene E. O'Reilly accompanying this certificate was disposed of in accordance with it's terms  
At Rural Cemetery Town Southborough, MA  
on April 5, 2013 Final Disposition Sec.A, Lot 6, Grv#3A  
Certified by *Christie Ladd*  
Cemetery Supervisor, Town of Southborough

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

# **STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT**

1. BURIAL PERMIT NO.

2. CITY OR TOWN

3. DECEDENT'S NAME (First, Middle, Last)

**FRANCES R O'REILLY**

4. SEX

**FEMALE**

5. DATE OF DEATH (Month, Day, Year)

**MARCH 14, 2002**

6. AGE

**73 YEARS**

7. DATE OF BIRTH (Month, Day, Year)

**FEBRUARY 27, 1929**

8. CITY, TOWN, OR LOCATION OF DEATH

**CONCORD**

9. COUNTY OF DEATH

**MERRIMACK**

10. METHOD OF DISPOSITION:

1. Burial    2. Temp. Entombment  
 3. Cremation    4. Donation  
 5. Mausoleum    6. Other

11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)

**RURAL CEMETERY**

12. LOCATION (City/Town, State)

**SOUTHBOROUGH, MA**13. DATE OF DISPOSITION  
(Refer to 20a.)**MAR 19, 2002**

14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL

15. LOCATION (City/Town, State)

CODE: 1**A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:**

16. FUNERAL DIRECTOR

**ERIC M DANIELS**

17. N.H. LIC. NO. ONLY

**873**

18. NAME AND LOCATION OF FACILITY (City/Town, State)

**MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS**19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTRAR  
if app.)**DOMINICK F SUSI II**

20. CITY/TOWN

**CONCORD**

21. DATE ISSUED (Month, Day, Year)

**MARCH 18, 2002****CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**

22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)

23. DATE STORED (Month, Day, Year)

24. CITY/TOWN, STATE

25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT

26. DATE ISSUED (Month, Day, Year)

**CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW**

27. TYPE OF DISPOSITION (Cremated, buried, etc.)

**BURIAL**

28. DATE OF DISPOSITION (Month, Day, Year)

**3/19/02**29. NAME AND LOCATION OF CEMETERY, CREMATORIAL OR VAULT  
(City/Town, State) **Rural Cemetery  
Southborough, MA**

30. SECTION

**6**

31. GRAVE NO.

**Lot 37C, Grv#1**

32. SIGNATURE OF SEXTON OR PERSON IN CHARGE

*Budget C. Bellamy*

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

## **READ CAREFULLY**

**OFFICIALS:** This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) death certificate - **Not Before**. In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

**FUNERAL DIRECTORS:** The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be **exposed** to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

**CREMATION:** When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does **not** mean that all bodies must be embalmed in order to be cremated. This permit does **not** need to follow **cremains** to their final disposition.

**SEXTON:** It is unlawful for any sexton, or any other person having charge of a burial place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

**DISINTERMENT:** This burial-transit permit is **not** to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

**STORAGE:** When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this **same** permit from the Town/City clerk and use it as the permit for permanent disposal.

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM 87-1, 12/2010

<b>STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT</b>		1. BURIAL PERMIT NO.	
3. DECEASED'S NAME (First, Middle, Last) <b>JOHN J O'REILLY JR</b>		4. SEX MALE	2 CITY OR TOWN
6. AGE <b>84 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>JANUARY 10, 1931</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>MANCHESTER</b>	5. DATE OF DEATH (Month, Day, Year) <b>FEBRUARY 25, 2015</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): <b>CODE: 3</b> <i>RECEIVED 2015 JUL - 7 A 0:25 SOUTHBOROUGH, MA</i>			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>CONCORD CREMATORIUM</b>			
12. LOCATION (City/Town, State) <b>CONCORD, NH</b>			
13. DATE OF DISPOSITION (Refer to 19a) <b>FEBRUARY 27, 2015</b>			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL <b>RURAL CEMETERY</b>			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) <b>SOUTHBOROUGH, MA</b>			
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>			
16. FUNERAL DIRECTOR <b>EDMOND B BAKER</b>		17. N.H. LIC. NUM ONLY <b>848</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>J N BOUFFORD &amp; SONS FUNERAL HOMES, MANCHESTER, NH</b>		19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>EDMOND B BAKER</b>	
20. CITY/TOWN <b>MANCHESTER</b>		21. DATE ISSUED (Month, Day, Year) <b>FEBRUARY 27, 2015</b>	
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE.</b>			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW</b>			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Burial of cremated remains</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>June 25, 2015</b>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA</b>
30. SECTION <b>A</b>	31. GRAVE NO. <b>Grv#3B (Lot 6)</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>John J. O'Reilly Jr.</i>	

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

RECEIVED  
TOWN CLERK'S OFFICE

FORM ST-1, 1/86

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO  2. CITY OR TOWN	2010 OCT -6 A 10: 53  SOUTHBOROUGH, MA
3. DECEDENT'S NAME (First, Middle, Last) <b>MYLES W O'REILLY</b>			4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) <b>SEPTEMBER 02, 2010</b>
6. AGE <b>78 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>JUNE 22, 1832</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>CONCORD</b>	9. COUNTY OF DEATH <b>MERRIMACK</b>	
10. METHOD OF DISPOSITION: 1. Burial    2. Temp. Entombment 3. Cremation    4. Donation 5. Mausoleum    6. Other  CODE: 1		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETERY</b>	12. LOCATION (City/Town, State) <b>SOUTHBOROUGH, MA</b>	13. DATE OF DISPOSITION (Refer to 10a) <b>SEPTEMBER 09, 2010</b>
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			15. LOCATION (City/Town, State)	
16. FUNERAL DIRECTOR <b>SHAWN P CLOUGHERTY</b>		17. N.H. LIC. NO ONLY <b>836</b>	18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>WATERS FUNERAL HOME, CONCORD, NH</b>	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) <b>SHAWN P CLOUGHERTY</b>			20. CITY/TOWN <b>CONCORD</b>	21. DATE ISSUED (Month, Day, Year) <b>SEPTEMBER 08, 2010</b>
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)			23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.)  Buried		28. DATE OF DISPOSITION (Month, Day, Year)  9/9/2010	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State)  Rural Cemetery Southborough, MA 01772	
30. SECTION <b>6</b>	31. GRAVE NO.  Lot 31C, Grv#2	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE  <i>D. C. Kelley - DeLo</i>		

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

RECEIVED  
SOUTHBOROUGH TOWN CLERK

2021 OCT 4 P 3 12



State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT

DATE PRINTED: July 20, 2020

TRACKING NUMBER: 2020126342

1.

DECEDENT INFORMATION

Name of Deceased

LEWIS L OGILVIE

Date of Death

July 15, 2020

Place of Death - County

BROWARD

City, Town or Location

HOLLYWOOD

Name of facility, or street address if not a facility

2410 EMERSON CIRCLE

Name and Address of Funeral Home/Direct Disposal Establishment

LANDMARK FUNERAL HOME INC F071616

4200 HOLLYWOOD BLVD

HOLLYWOOD, FLORIDA, 33021

Fla. Lic. No./Reg. No.

F071616

Phone Number

(954) 989-8220

Funeral Director/Direct Disposer

KEVIN S RIETH

Fla. Lic. No./Reg. No.

F028016

Medical Verification Statement

MARIA at the certifying physician's office, was contacted on 07/15/2020 by the funeral director listed above; he/she indicated that LUIS EMILIO VICIOSO PERALTA, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2020-F071616-5147

Date Issued: July 15, 2020

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 17

Approval Number: CRE2020-04631

4.

CEMETERY OR CREMATORIUM

Place of Disposition: EVERGLADES CREMATORIUM

Method of Disposition: CREMATION

Date of Disposition: \_\_\_\_\_

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

I HEREBY CERTIFY THAT THE REMAINS WERE DISPOSED OF IN ACCORDANCE WITH ITS TERMS AT THE PLACE AND DATE BELOW:

Riviera Cemetery  
11 Cincinatti Rd., Brookhaven, MA 07712  
Sec. M, Lot # 28A (cremated remains)  
on Sept. 25, 2021

B. J. Mun  
Bridget A. Munney

STATE OF SOUTH DAKOTA  
DEPARTMENT OF HEALTH

PERMIT NO. 11453

## PERMIT FOR DISPOSITION OF DEAD HUMAN BODY

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Constance	M.		Pangburn	female	July 4, 1992
AGE (YRS)	PLACE OF DEATH	COUNTY	CITY, TOWN OR TWP.	U.S. WAR VETERAN (YES/NO)	
60	R.C. Regional Hosp.	Pennington	Rapid City, South Dakota	No	

DISPOSITION AUTHORIZED:

 INTERMENT  
 CREMATION TRANSIT  
 SCIENTIFIC STUDY DISINTERMENT  
AND REINTERMENT

PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY OR LABORATORY)

Southbro Rural Cemetery, Southbro, Massachusetts

PLACE OF DISINTERMENT (NAME AND LOCATION)

THIS PERMIT IS ISSUED TO:

Jon Behrens

FUNERAL DIRECTOR

S.D. LICENSE NO. 1257

ADDRESS: Behrens Mortuary, Box 1055, Rapid City, South Dakota 57709

DATE: July 6, 1992

(SIGNED) Marlys Faber by *Marlys Faber*

Deputy REGISTRAR

REGISTRATION DISTRICT

Pennington County ADDRESS 315 St Joseph, Rapid City, South Dakota 57701

SEXTON'S ENDORSEMENT: THE BODY ACCOMPANYING THIS PERMIT WAS RECEIVED AND WAS

INTERRED/CREMATED ON July 8, 1992 IN Rural Cemetery CEMETERY

OR CREMATORY LOCATED AT Southborough, MA (SIGNED) *Budt C. Kilkenny* SEXTON

GRAVE OR VAULT: BLOCK B-West LOT 55 GRAVE 4

**RECORDED**  
TOWN OF SOUTHBOROUGH

**INSTRUCTIONS**

JUL 1 0 1992 2:45 PM

**TOWN CLERKS OFFICE**

The funeral director or person acting as such shall within ten days after final disposition, transmit the original permit to the local registrar of the district in which final disposition is made.

When the body is the subject of scientific study, the official receiving the body shall execute the sexton's endorsement.

When used as authority for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case.

Authorizations for disinterment and reinterment are issued by the State Department of Health and only upon proper application for disinterment and reinterment.

STATE OF SOUTH DAKOTA  
DEPARTMENT OF HEALTH

POLICE  
PERMIT NO. 11453

1992 JULY 25 PM 2:06

PERMIT FOR DISPOSITION OF DEAD HUMAN BODY

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Constance	M.		Pangburn	female	July 4, 1992
AGE (YRS)	PLACE OF DEATH	COUNTY		CITY, TOWN OR TWP.	U.S. WAR VETERAN (YES/NO)
60	R.C. Regional Hosp. Pennington, Rapid City, South Dakota				No

DISPOSITION AUTHORIZED:

INTERMENT     TRANSIT  
 CREMATION     SCIENTIFIC STUDY

DISINTERMENT  
AND REINTERMENT

PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORIAL LABORATORY)

Southbro Rural Cemetery, Southbro, Massachusetts

PLACE OF DISINTERMENT (NAME AND LOCATION)

THIS PERMIT IS ISSUED TO:

MAXINE Jon Behrens

FUNERAL DIRECTOR

S.D. LICENSE NO. 1257

ADDRESS: Behrens Mortuary, Box 1055, Rapid City, South Dakota 57709

DATE: July 6, 1992

(SIGNED)

Marlys Faber by *Marlys Faber*

Deputy REGISTRAR

REGISTRATION  
DISTRICT

Pennington County ADDRESS 315 St Joseph, Rapid City, South Dakota 57701

SEXTON'S ENDORSEMENT: THE BODY ACCOMPANYING THIS PERMIT WAS RECEIVED AND WAS

INTERRED/CREMATED ON July 6, 1992 IN

Rural Cemetery CEMETERY

OR CREMATORIAL LOCATED AT Southborough, MA

(SIGNED)

*Budget C. Fellows*  
SEXTON

GRAVE OR VAULT: BLOCK B-Week LOT 55 GRAVE 4

HAS-0267 REV. 8/74

CEMETERY RECORD

Rec'd 8-25-92

-0276  
LN. 1986  
INSTRUCTIONS  
SEE HANDBOOK

STATE OF SOUTH DAKOTA  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

140 STATE FILE NUMBER

## LOCAL FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) <b>Constance M. Pangburn</b>				2. SEX Female	3. DATE OF DEATH (Month, Day, Year) <b>July 4, 1992</b>	
4. SOCIAL SECURITY NUMBER <b>017-24-4720</b>		5a. AGE-Last Birthday (Years) <b>60</b>	5b. UNDER 1 YEAR Months <b> </b>	5c. UNDER 1 DAY Days <b> </b>	5d. DATE OF BIRTH (Month, Day, Year) <b>Oct. 25, 1931</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Boston, Mass.</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
10. FACILITY NAME (If not institution, give street and number) <b>Rapid City Regional Hospital</b>		11. CITY, TOWN, OR LOCATION OF DEATH <b>Rapid City</b>			9d. COUNTY OF DEATH <b>Pennington</b>	
12. MARITAL STATUS-Married, Never Married, Widowed, Divorced. Specify <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Leon E. Pangburn</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Home Maker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>
13a. RESIDENCE-STATE <b>Massachusetts</b>		13b. COUNTY <b>Middlesex</b>	13c. CITY, TOWN, OR LOCATION <b>Natick</b>		13d. STREET AND NUMBER <b>30 Birch Road</b>	
13e. INSIDE CITY LIMITS? (Yes or No) <b>No</b>		13f. ZIP CODE <b>01760</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes-If yes specify Cuban, Mexican, Puerto Rican, etc.) Specify: <b> </b>		15. RACE-American Indian, Black, White, etc. (Specify) <b>White</b>	
16. FATHER'S NAME (First, Middle, Last) <b>George E. Lanctot</b>				17. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Brusie</b>		
18a. INFORMANT'S NAME (Type/Print) <b>Joyce Funeral Home</b>			18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>245 Main St. Waltham, Massachusetts, 02154</b>			
19a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Southboro Rural Cemetery</b>			19d. EMBALMED? (Specify) <b><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b>
19c. LOCATION (City, State) <b>Southboro, Massachusetts</b>						
20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH			20b. LICENSE NUMBER (of establishment) <b>#2</b>	21. NAME AND ADDRESS OF FACILITY <b>Behrens Mortuary Box 1055 632 St. Francis, Rapid City, SD 57709</b>		
22. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>pulmonary embolism</b> DUE TO (OR AS A CONSEQUENCE OF): <b>motor vehicle accident - compression</b>						
b. <b>FPS L10 &amp; T11</b> are cardiac arrests. DUE TO (OR AS A CONSEQUENCE OF):						
c. <b>DUE TO (OR AS A CONSEQUENCE OF):</b>						
d. <b>DUE TO (OR AS A CONSEQUENCE OF):</b>						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			23. WAS CASE REFERRED TO CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Determined <input type="checkbox"/> Homicide		26a. DATE OF INJURY (Month, Day, Year) <b>6/16/92</b>	26b. TIME OF INJURY <b> </b>	26c. INJURY AT WORK? (Yes or no) <b>No</b>	26d. DESCRIBE HOW INJURY OCCURRED <b>MVA.</b>	
26e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) <b> </b>		26f. LOCATION (Street Add/Rural Route/County, City, State) <b> </b>				
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.						
<input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated						
27b. SIGNATURE AND TITLE OF CERTIFIER <b>Shaffer, MD</b>						
27c. LICENSE NUMBER <b>869 SD</b>		27d. DATE SIGNED (Month, Day, Year) <b>7/6/92</b>		27e. TIME OF DEATH <b>11:18 p.m.</b>		
28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) (Type/Print) <b>2925 5th St., Suite 150, Rapid City, SD 57701</b>		30. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)				
29. REGISTRAR'S SIGNATURE						

PERMIT NUMBER

## BURIAL-TRANSIT PERMIT    RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT  
MUST  
Accompany  
Remains  
to  
DESTINATION

DECEASED — Name	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
Louise		Helena	PARKER	Female	9-23-92
RACE	AGE	PLACE OF DEATH (City or town, state)			
White	68	Providence, R.I.			
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			CITY OR TOWN STATE
Burial		Rural Cemetery			Southboro, MA.
FUNERAL HOME — LICENSEE <i>Robert C. DeAngelis</i> (Signature)		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code) Iannotti F.H., Inc. 415 Washington St. Coventry, R.I. 02816			
CERTIFICATION: I certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.					
Signature of certifying Physician		Francis J. Hines	Degree or title	Date signed	
Authorized disposition as stated above occurred on (Date)			Tomb	Lot 19 Sec. 15	Signature of Sexton or Person in Charge of Place of Disposition
September 26, 1992					<i>Bruce C. Miller</i>

THIS FORM IS VALID ONLY IF SIGNED BY FUNERAL HOME LICENSEE AND BY FUNERAL HOME LICENSEE

**RECORDED**  
**TOWN OF SOUTHBOROUGH**

**"FUNERAL HOME LICENSEE"**: The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

**SEXTON**: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

SEP 2 9 1992

TOWN CLERKS OFFICE

## Burial - Transit Permit

<b>DECEDENT</b>	Name First	Middle	Last	Sex
	SUSAN		Penfield	Female
Date of Death	06/21/93	Age	38	If Veteran of U.S. Armed Forces, War or Dates
Place of Death City, Town or Village	of Newburgh			
Manner of Death	<input type="checkbox"/> Natural Cause	<input type="checkbox"/> Accident	<input type="checkbox"/> Homicide	<input type="checkbox"/> Suicide
	<input type="checkbox"/> Undetermined	<input checked="" type="checkbox"/> Pending Circumstances	<input checked="" type="checkbox"/> Investigation	
Medical Certifier	Name	Title		
	JAMES FANNING	CORONER		
Address	175 Willow Ave, Cornwall, NY 12518			
Death Certificate Filed City, Town or Village			District Number	Register Number
<input checked="" type="checkbox"/> Burial	Date	Cemetery or Crematory		
<input type="checkbox"/> Cremation	Address	Rural Cemetery		
<input type="checkbox"/> Removal and/or Hold	Date	Cordaville Road, Southboro, MA		
	Address			
<input type="checkbox"/> Transportation by Common Carrier	Date	Point of Shipment		
	Destination			
<input type="checkbox"/> Disinterment	Date	Cemetery Address		
<input type="checkbox"/> Reinterment	Date	Cemetery Address		
Permit Issued to				Registration Number
Name of Funeral Firm	Keyser F.S.			01067
Address	326 Albany Ave Kingston NY 12401			
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above	Donald C. Morris F.H.			
Address	40 Main St. Southboro, MA 01772			
Permission is hereby granted to dispose of the human remains described above as indicated.				
Date Issued	Registrar of Vital Statistics	Nancy K. Aldrich, Reg.		
(signature)				
District Number	Place			
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on:				
Date of Disposition	6-24-93	Place of Disposition	Rural Cemetery, Cordaville Rd., Southborough, MA (address)	
		F (section)	N/A (lot number)	120 (grave number)
Name of Sexton or Person in Charge of Premises		Bridget A. Gilleney		
(please print)				
Signature		Title Supervisor Cemetery Div. D.P.W.		

## PUBLIC HEALTH LAW

### § 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.



## BURIAL TRANSIT PERMIT PAUL J. BERRY, TOWN CLERK

**WARNING**  
This is a government document. Texas Penal Code, Section 37.10, specifies penalties  
for making false entries or providing false information in this document.

Name of Deceased - First		Middle	Last
OWEN		WINSLOW	PENDLETON
Age 91 Yrs	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Death 02/15/2010	Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Embalming <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) _____
Place of Death OAK CREEK NURSING AND REHABILITATION CENTER		City - County LULING - CALDWELL STATE TEXAS	
Name of Cemetery or Crematorium FUNERALCARING USA CREMATORY		City SAN ANTONIO STATE TEXAS	
Print Name of Funeral Director or Person Acting as Such MARK DANIEL GARZA		Address 6902 NE LOOP 410	City SAN ANTONIO STATE TX Zip Code 78219-

Local Registrar REGISTRAR - CALDWELL COUNTY - PREC 2	County CALDWELL	City/Precinct LULING	File Number EDR: 000000713441
<b>A certificate of death having been registered or completed in so far as possible; permission is hereby given for final disposition, transport, or removal of the body from the state of Texas.</b>			
Geraldine R. Harris, State Registrar, TER-Electronic Validation Signature of Registrar or Electronic Validation			2/20/2010 Date

Received by: _____	Date: _____
--------------------	-------------

Vital Statistics 25 Texas Administrative Code Sec. 181.2(b), "If a dead body or fetus is to be removed from this state, transported by common carrier within this state, or cremated, the funeral director, or person acting as such, shall obtain a burial-transit permit from the local registrar where the death certificate is or will be filed or from the state registrar electronically through a Bureau of Vital Statistics electronic death registration system. The registrar shall not issue a burial-transit permit until a certificate of death, completed in so far as possible, has been presented (See §181.6 of this title (relating to Disinterment))."

A file number may be assigned by the registrar as needed. A copy of this permit is to accompany the body in transit. There is no fee authorized for the issuance of a Burial-Transit Permit.

If an incomplete death certificate is used to obtain the Burial Transit Permit, the registrar will validate that the body is no longer needed by the certifier of cause of death before issuing the permit, to ensure that a completed death certificate will be received. "Completed in so far as possible" means the information relating to the deceased, including the name, date of death, place of death and funeral director's information is completed. In a few instances, the cause of death may not be completed. It is the responsibility of the person presenting the Certificate of Death, and obtaining the Burial Transit Permit, to assure that the fully completed Certificate of Death is filed as soon as possible.

In accordance with state statute, before a dead body can be cremated, a Cremation Authorization must be signed and issued by the medical examiner or justice of the peace of the county in which the death occurred showing that an autopsy was performed or that no autopsy was necessary. If an inquest is being conducted by the medical examiner or justice of the peace, authorization for cremation from the medical examiner or justice of the peace is required.

[HSC §193.008, 25 TAC §181.2, §181.3]

VS-116T Revised 9/2004

The cremated remains of Owen W. Pendleton were buried on April 24, 2010 in grv#4A of Lot 19-D in Section 6 of Rural Cemetery in Southborough, MA.

*Daniel J. Berry, Jr.*  
Person in charge of disposition

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**



**STATE OF NEW HAMPSHIRE  
BURIAL—TRANSIT PERMIT**

**Burial Permit No** .....

**City or  
Town of** Laconia .....

Full name of deceased ..... **Reginald C. Perham** .....

Place of death ..... **Laconia** ..... **Belknap** ..... **N.H.** .....

Date of death ..... **October 28** ..... **87** ..... (Town or City) ..... (County) ..... (State)

Cause of death ..... **Thrombosis, cerebro-vascular-recurrent** .....

Method of disposal ..... **Burial** ..... **Rural Cemetery** .....

(Whether burial, cremation, transportation, storage, etc. - If storage see over) (Cemetery, Crematory, or Vault)

Town or City ..... **Southboro** ..... State ..... **MA** .....

A certificate of death having been filed as required by the laws of this State, permission is hereby given to  
..... **Wilkinson-Beane** ..... Town or City **Laconia, N.H.** .....

(Funeral Home)

to dispose of body of said deceased as above stated. ..... Date Issued **Oct. 28, 1987** .....

Signature ..... *[Handwritten Signature]* ..... City or Town of **Laconia, N.H.** .....

(Town Clerk, Sub-Registrar, Agency City Board of Health)

**CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**

If stored, body was placed in ..... on ..... 19 .....

(Name of storage vault)

Town or City ..... State .....  
Signature .....  
(Sexton or person in charge of storage vault)

**CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW**

Body was **BURIED** ..... on **NOVEMBER 7 1987** ..... in **Southborough, Rural Cemetery** .....

(State whether cremated, buried, etc.) ..... (Cemetery, Crematory, or Vault)

Town or City: **Southborough** ..... State **Massachusetts** ..... Section **C-East** .....

Lot No. ..... **30** ..... Grave No. **8** ..... Signature ..... *[Handwritten Signature]* .....

(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

## **READ CAREFULLY**

**OFFICIALS:** This burial - transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before, - or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

**FUNERAL DIRECTORS:** The burial - transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain a burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA:325 40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

**CREMATION:** When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

**SEXTON:** It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

**DISINTERMENT:** This burial - transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

**STORAGE:** When a body is to be stored, this permit will be completed by the sexton where the body is entombed and forwarded by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.



Received and filed in the Office of the Town Clerk Apr. 6, 2009 1:00pm

State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Berry, Town Clerk

A. (TYPE)

1. Name of Deceased	First <b>Loren</b>	Middle <b>Daniel</b>	Last <b>Pettibone</b>	Date of Death	Month <b>02</b>	Day <b>28</b>	Year <b>09</b>
---------------------	-----------------------	-------------------------	--------------------------	---------------	--------------------	------------------	-------------------

2. Place of Death County <b>Marion</b>	City, Town or Location <b>Ocala</b>	Name of Hosp. or Inst. <b>The Legacy House Hospice</b>
--	--	---

3. Name of Medical Certifier <b>Mery Josefina Lossada, MD</b>	Address <b>9505 SW 110th Street Ocala, Florida 34481</b>	Phone Number <b>352-291-5100</b>
--	---	-------------------------------------

4. Name of Funeral Home/Direct Disposal Establishment <b>Roberts Funeral Homes</b>	Address <b>6241 SW State Road 200 Ocala, Florida 34476</b>	Fla. Lic. No./Reg. No. <b>F041248</b>	Phone No. (Area Code) <b>352-854-2266</b>
---	---	--	--

5. Check appropriate Box

a.  The medical certification has been completed and signed. A completed certificate of death accompanies this application.

b.  Dr. Lossada's Office was contacted on 03/02/09.  
He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that She will complete and sign the medical certification of cause of death within 72 hours.

c.  \_\_\_\_\_ was contacted on \_\_\_\_\_ He/she verified that \_\_\_\_\_, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/  
Direct Disposer

Robert Sloan Signature

F.E. No./Reg. No.  
**F046555**

Date Signed  
**03/02/09**

B.

## BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. **2009-F041248-046**

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued: 02/28/09

Date Certificate

Due: 03/10/09

C.

## AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: \_\_\_\_\_ Date \_\_\_\_\_

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_  
Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

## CEMETERY OR CREMATORY

Rural Cemetery

Southborough, MA 01772

Place of Disposition

Date of Disposition March 6, 2009

Sec. Bk4, Lot 50B, Grv#1

Method of Disposition:

 BURIAL STORAGE CREMATIONSignature of Sexton  
or Person-in-Charge OTHER (Specify)

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.



## INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

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### APPLICATION FOR PERMIT

#### Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

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### BURIAL-TRANSIT PERMIT

#### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

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### AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

#### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

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### CEMETERY OR CREMATORIAL

#### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

RECEIVED  
TOWNSHIP OF SOUTHBOROUGH, MA  
115 JUN 17 P 3:25

SOUTHBOROUGH, MA 01772

State of Florida, Department of Health, Bureau of Vital Statistics



DATE PRINTED: June 11, 2015

TRACKING NUMBER: 2015091009

BURIAL TRANSIT PERMIT

1.

DECEDENT INFORMATION

Name of Deceased	Date of Death	
RITA M PETTIBONE	June 10, 2015	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
MARION	OCALA	BRENTWOOD AT FORE RANCH
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
ROBERTS FUNERAL HOME - BRUCE CHAPEL WEST F079852 6241 SW STATE RD 200 OCALA, FLORIDA, 34476	F079852	(352) 622-4141
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
MICHAEL J. VASSALLO	F074554	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2015-F079852-5142

Date Issued: June 11, 2015

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District	Approval Number:
--	------------------

4.

CEMETERY OR CREMATORY

Place of Disposition:	SOUTHBOROUGH RURAL CEMETERY	Full Earth Burial Sec.Bk.4,Lot50B,Grv#2
Method of Disposition:	REMOVAL FROM STATE	Date of Disposition: June 17, 2015

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

## REMOVAL, TRANSIT, AND BURIAL PERMIT

VS-9 REV. 2/84

STATE OF CONNECTICUT, DEPARTMENT OF HEALTH SERVICES

HARTFORD, CONNECTICUT 06106

PERMIT NO.	DATE ISSUED
1550	7/10/1993

**1. THIS PERMIT:** a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body, and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

**2. THIS IS NOT a permit to cremate.** For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

*Robert C Plumb*

WHO DIED AT

*Hartford Hosp. Hartford, CT 8/1/93*

ON

CAUSE OF DEATH

*Staph Infection - Sepsis*

TEMPORARY DISPOSITION (If body placed in receiving vault, give date.)

FINAL DISPOSITION (Name and address of cemetery or crematory)

*Burial Cemetery, Southboro MASS*

ISSUED TO (Name of Funeral Director or Embalmer)

*William R. Short*

(Address)

*95 West Main St. Marlboro MA 01752*(If embalmer,  
lic. no.)*3480*

Certificates required by state statute  
have been received and recorded.  
Body has been prepared in accordance  
with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

*Peter J. Clark*

(Town of)

*Hartford*

TRANSIT PASTER

YES

NO

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED  
CEMETERY (Sexton's  
Signature)

*Budget C. Hillenay*

DATE BODY BURIED

*7/12/93*

**RECORDED**  
**TOWN OF SOUTHBOROUGH**

**JAN 18 1994**

**TOWN CLERKS OFFICE**

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH



RECEIVED  
SOUTHBOROUGH TOWN CLERK

2022 JUN 16 A 8:42

DIVISION OF VITAL RECORDS  
RICHMOND, VIRGINIA

OUT-OF-STATE TRANSIT PERMIT

V.S. 13-10/14

(Printed: June 07, 2022)

Permit #: 142905

IMPORTANT This permit must accompany the remains to destination.

When used as a permit for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case. No separate transit permit is required.

DOROTHY, MAY, PHANEUF		ALEXANDRIA , Virginia
( Decedent First Name, Middle Name, Last Name )		
Date of Death:	06/01/2022	Age: 84 years
Sex:	FEMALE	
Race of Decedent:	White	
DESTINATION TO WHICH REMAINS TO BE SENT:	SOUTHBOROUGH RURAL CEMETERY	11 CORDAVILLE ROAD SOUTHBOROUGH MA 01772
( Place of Disposition )		( Address of Disposition )
<i>Date of Death - June 13, 2022 Sec. 6, LWT#52</i>		

A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:		
ANTHONY, LEE, WILSON		1500 W BRADDOCK RD ALEXANDRIA VIRGINIA 22302
( Name of Funeral Director / Name of Next of Kin )		( Address of Funeral Home / Address of Next of Kin )
To transport said deceased as stated above.		
Date: 06/02/2022	Registration District No:	Signature of Registrar: Electronically Approved By: JANET, RAINY VITAL RECORDS

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

Paul J. Berry

FORM BT-1, 1/96

<b>STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO  2. CITY OR TOWN	Town Clerk
3. DECEDENT'S NAME (First, Middle, Last) <b>MARTHA WEBSTER PHELPS</b>			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) <b>AUGUST 01, 2004</b>
6. AGE <b>88 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>JUNE 04, 1916</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>RYE</b>	9. COUNTY OF DEATH <b>ROCKINGHAM</b>	
10. METHOD OF DISPOSITION: 1. Burial    2. Temp. Entombment 3. Cremation    4. Donation 5. Mausoleum    6. Other  CODE: 1		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETERY</b>	12. LOCATION (City/Town, State) <b>SOUTHBORO, MA</b>	13. DATE OF DISPOSITION (Refer to 19a) <b>AUGUST 06, 2004</b>
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			15. LOCATION (City/Town, State)	
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>				
16. FUNERAL DIRECTOR <b>DOROTHY L WARD</b>		17. N.H. LIC. NO ONLY <b>597</b>	18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>J VERNE WOOD FUNERAL HOME, PORTSMOUTH, NH</b>	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) <b>DOROTHY L WARD</b>			20. CITY/TOWN <b>RYE</b>	21. DATE ISSUED (Month, Day, Year) <b>AUGUST 02, 2004</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)			23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW</b>				
27. TYPE OF DISPOSITION (Cremated, buried, etc.)  <b>Burial</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>8/6/2004</b>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA 01772</b>	
30. SECTION <b>13WEST</b>	31. GRAVE NO. <b>2</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE  <i>Bethany G. Bellamy-DeCenzo</i>		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

RECEIVED  
SOUTHBOROUGH TOWN CLERK

2021 AUG 11 P 4:33

State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT



DATE PRINTED: February 17, 2021

TRACKING NUMBER: 2021033148

1.

DECEDENT INFORMATION

Name of Deceased

NATALIE ELIZABETH GROTON

Date of Death

February 11, 2021

Place of Death - County

CHARLOTTE

City, Town or Location

PUNTA GORDA

Name of facility, or street address if not a facility

LIFE CENTER OF PUNTA GORDA

Name and Address of Funeral Home/Direct Disposal Establishment

NATIONAL CREMATION SOCIETY - PORT CHARLOTTE F040981

2672 TAMiami TRAIL STE 4B  
PORT CHARLOTTE, FLORIDA, 33952

Fla. Lic. No./Reg. No.

F040981

Phone Number

(941) 624-5212

Funeral Director/Direct Disposer

STACEY A. KINNER

Fla. Lic. No./Reg. No.

F396588

Medical Verification Statement

Alena at the certifying physician's office, was contacted on 02/12/2021 by the funeral director listed above; he/she indicated that RICHARD LEE DIAMOND, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2021-F040981-5091

Date Issued: February 12, 2021

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 22

Approval Number: 0408E

4.

CEMETERY OR CREMATORIUM

Place of Disposition: SOUTHEASTERN CREMATORIUM

Method of Disposition: CREMATION

Date of Disposition: \_\_\_\_\_

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

Burial at Punta Gorda Cemetery on July 21, 2021  
Sec 7, Lot 27, Unit #28, Burial or interment rights

K. Helming  
Burial in Cremated

State of Maine  
Department of Health and Human Services  
Permit for Disposition of Human Remains

RECEIVED

TOWN OF FAYES OFFICE

Issuing Clerk - Retain Until Endorsement Received

Distribution of Copies:  Place of Final Disposition  Place of Death

Place Permit Issued  Issuing Clerk - Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Mary Theresa Quinn				2. DATE OF DEATH (Mo., Day, Yr.) 06/07/2018	
3. SEX Female	4. AGE 85	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) Westbrook, Maine	SOUTHBOROUGH (State) MA	
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Advantage Funeral & Cremation Services, 999 Forest Ave Portland ME 04103				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER HO10455	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT		<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment <input type="checkbox"/> Facility/Physician Letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11) →	10b. CITY OR TOWN Westbrook, Maine	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR →	11b. SUBREGISTRAR OF (List Municipality appointed by): Portland m.e	11c. DATE SIGNED (Mo., Day, Yr.) 06/13/2018

**DISPOSITION**

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT	13. LOCATION (City or Town) (State)
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
15. DATE (Mo., Day, Yr.) 6-13-18	16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION Brooklawn Memorial park Crematory	17. LOCATION (City or Town) (State) Portland, Maine
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	19. DATE (Mo., Day, Yr.) 6-13-18
<input type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION	21. LOCATION (City or Town) (State)
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	
23. DATE (Mo., Day, Yr.) 7/30/2018	24. <input checked="" type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT FAYE CEMETERY 11 CONDAVILLE RD, SOUTHBRIDGE, MA SEC. 9, LOT 47, GRN 128
	26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	27. DATE (Mo., Day, Yr.) 7/30/2018
<input type="checkbox"/> REMAINS WERE DISINTERRED	28. NAME OF CEMETERY OR VAULT	29. LOCATION (City or Town) (State)
	30. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
31. DATE (Mo., Day, Yr.)		

*Directions:* The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

RECEIVED  
TOWN CLERK'S OFFICE

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

FORM BT-1, 12/2010

2016 SEP - 11 P 1:51

<b>STATE OF NEW HAMPSHIRE</b>		1. BURIAL PERMIT NO	SOUTHBOROUGH, MA
<b>BURIAL TRANSIT PERMIT</b>		2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>KIMBERLY A RUSSO</b>		4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>JANUARY 1, 2016</b>
6. AGE <b>51 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>NOVEMBER 20, 1964</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>MANCHESTER</b>	9. COUNTY OF DEATH <b>HILLSBOROUGH</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>PHANEUF CREMATORIUM</b>			
12. LOCATION (City/Town, State) <b>MANCHESTER, NH</b>			
13. DATE OF DISPOSITION (Refer to 19a) <b>JANUARY 5, 2016</b>			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>			
16. FUNERAL DIRECTOR <b>JONATHAN R WOLF</b>		17. N.H. LIC. NUM ONLY <b>1002</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH</b>			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>MICHELE M PHANEUF PLASZ</b>	20. CITY/TOWN <b>MANCHESTER</b>	21. DATE ISSUED (Month, Day, Year) <b>JANUARY 5, 2016</b>	
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)	23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORIUM AUTHORITY SHALL FILL OUT SPACE BELOW</b>			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>Full Earth Burial</i>	28. DATE OF DISPOSITION (Month, Day, Year) <i>8/26/2016</i>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Lunay Cemetery Southborough MA 01772</i>	
30. SECTION <i>Sec. 2-A LOT - 548</i>	31. GRAVE NO. <i>Grave 28</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Billie L. Henry - LC</i>	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

**APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS** RECEIVED  
USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS TOWN CLERK'S OFFICE

1A. NAME OF DECEDENT—FIRST <b>IDA</b>			1B. MIDDLE <b>ANNE</b>	1C. LAST <b>RABBINI</b>	2013 JAN 29 A 10:04
2. SEX <b>F</b>	3. DATE OF BIRTH (MONTH, DAY, YEAR) <b>02/07/1918</b>	4. DATE OF DEATH (MONTH, DAY, YEAR) <b>01/09/2013</b>	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) <b>SOUTHBOROUGH</b> <i>[Signature]</i>		
6A. CITY OF DEATH <b>SAN DIEGO</b>			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		
7A. NAME OF INFORMANT <b>DONNA MARIE WITTOUCK</b>		7B. RELATIONSHIP TO DECEDENT <b>NIECE</b>	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>FD1195</b>
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE <b>12425 PICRUS STREET, SAN DIEGO, CA 92129</b>			POWAY-BERNARDO MORTUARY 13243 POWAY ROAD, POWAY, CA 92064		
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			9A. APPLICANT SIGNATURE 		9B. DATE SIGNED <b>01/14/2013</b>
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.					
10A. AMOUNT OF FEE PAID <b>\$ 11.00</b>	10B. DATE PERMIT ISSUED <b>01/14/2013</b>	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 			
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110</b>		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D <b>--</b>			
11. AUTHORIZED DISPOSITION(S) <b>TRANSIT</b>			FOR CORONER'S USE ONLY		
<b>BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)</b>	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772</b>		12B. DATE BURIED <b>January 25, 2013</b>	12C. INTERMENT NUMBER—IF APPLICABLE <b>Sec.13, Lot 20, Grv#4</b>	
<b>CREMATION</b>	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORIAL <b>—</b>		13B. DATE CREMATED <b>—</b>	13C. CREMATION NUMBER—IF APPLICABLE <b>—</b>	
<b>SCIENTIFIC USE</b>	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>—</b>		14B. DATE RECEIVED <b>—</b>	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 	
<b>TRANSIT</b>	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>SOUTHBOROUGH CEMETERY, ROUTE 85, SOUTHBOROUGH, MA 01772</b>		15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>—</b>	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 	15D. DATE SHIPPED <b>—</b>
<b>SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY</b>	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE <b>—</b>		16B. DATE OF DISPOSITION <b>—</b>	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE <b>—</b>	
16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL 					

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.\*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORIAL, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.\*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.\*

\* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

#### INSTRUCTIONS FOR COPY DISTRIBUTION

**COPY 1** ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**COPY 2** RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**COPY 3** RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

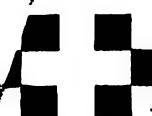
**COPY 4** RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

#### SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION, OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISION OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)



**Servicio  
Canario de Salud**

**RECCION GENERAL DE SALUD PUBLICA**

Rambla General Franco, 53  
Teléfono 60 42 71  
Santa Cruz de Tenerife

**AUTORIZACION DE TRASLADO DE CADAVER**

**IDENTIFICACION DEL FALLECIDO**

Primer Apellido <b>RAMELLI</b>	Nombre <b>ANNA</b>	
Segundo Apellido		
Fecha de fallecimiento <b>26.03.2002</b> P.C.R. CAUSA: Higado pancreas y Bazo	Fecha nac.: <b>12.01.1931</b> Nacionalidad: <b>Estadounidense</b> Diligencia previa:	Hora <b>06:30</b>
Lugar de fallecimiento <b>SANTIAGO DEL TIIDE</b>	Provincia	<b>S/C DE TENERIFFE</b>

**DATOS DEL TRASLADO**

Lugar de salida <b>STGO/ DFL TFIDE</b>		
Destino (Cementerio) <b>SOUTHBCRO (MASSACHUSSETTS)</b>	Provincia	País <b>ESTADOS UNIDOS</b>
Itinerario <b>VIA AEREA</b>		
Vehículo utilizado <b>AVION</b>		
Funeraria <b>SANTA ANA S.L.</b>		

En virtud de la presente autorización, que deberá acompañar al cadáver en todo momento, las Autoridades y sus Agentes darán las mayores facilidades durante el itinerario hasta el punto de destino.

Santa Cruz de Tenerife, 02 de Abril 2002  
El Director General de Salud Pública

*Francisco Pérez Sánchez*



8/27/04 Bx Sec.F, Grv#8B, Morris F.H., Bronze Urn

## State of Florida, Department of Health, Vital Statistics

## APPLICATION FOR BURIAL - TRANSIT PERMIT

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK SEPTEMBER 2, 2004 AT 12:50 PM

COPY

PAUL [Signature] TOWN CLERK

A.	(TYPE)	First Deceased <b>BERNARD</b>	Middle <b>ROBERTSON</b>	Last	Date of Death 08-07-04
2.	Place of Death County <b>POLK</b>	City, Town or Location <b>WINTER HAVEN</b>	Name of (If neither, give street address) Hosp. or Inst. <b>WINTER HAVEN HOSPITAL</b>		
3.	Name of Medical Certifier DR. ROBINSON KOILPILLAI	Address <b>500 EAST CENTRAL AVENUE WINTER HAVEN, FLORIDA</b>	Phone Number <b>(863) 293-1191</b>		
4.	Name of Funeral Home/Direct Disposal Establishment <b>CREMATION SERVICES OF MID FLORIDA</b>	Address <b>122 STATE STREET DAVENPORT, FLORIDA</b>	Fla. Lic. No./Reg. No. <b>KB-0318</b>	Phone No. (Area Code) <b>(863) 421-4900</b>	
5.	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input type="checkbox"/> _____ was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.				
6.	Funeral Director/ Direct Disposer <b>LARRY W. LOCKE</b>	Signature 	F.E. No./Reg. No. <b>KA-0537</b>	Date Signed <b>08-09-04</b>	

## BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. **318-04-104**

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued: **08-09-04**

Date Certificate

Due: \_\_\_\_\_

## C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: **2004-10-C-2121**Date **AUGUST 9, 2004**Medical Examiner, **BARBARA APPA**, gave authorization by telephone to **JOSEPH W. LOCKE**  
Funeral Director/Direct Disposer Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

## CEMETERY OR CREMATORY

Place of Disposition \_\_\_\_\_

**J.L. Locke Cremation Svc.  
Davenport, FL 33836**

Method of Disposition:

 BURIAL STORAGE

Date of Disposition

**August 10, 2004** CREMATIONSignature of Sexton  
or Person-in-Charge OTHER (Specify){ **Joseph W. Locke** }

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

the cremated remains were buried at Rural Cemetery, Southborough on August 27, 2004

1-22-92

**PURCHASED BY  
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

**STATE OF NEW HAMPSHIRE  
BURIAL — TRANSIT PERMIT**

**Burial Permit No.....**

**City or  
Town of..... Franklin**

Full name of deceased ..... Evelyn G. Rogers  
 Place of death ..... Franklin Merrimack NH  
(Town or City) (County) (State)  
 Date of death ..... January 15, 1992 Color White Sex Female Age 79  
 Cause of death ..... Cardiomyopathy/ Congestive Heart Failure  
 Method of disposal ..... Burial Rural Cemetery,  
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)  
 Town or City ..... Southboro State ..... Massachusetts

A certificate of death having been filed as required by the laws of this State, permission is hereby given to  
 Smart Funeral Home ..... Town or City Tilton  
(Funeral Home)

to dispose of body of said deceased as above stated. Date Issued ..... January 16, 1992  
 Signature ..... *Elaine S. Lakin* City or Town of ..... Franklin  
(Town Clerk, Sub-Registrar, Agency City Board of Health)

**CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**

If stored, body was placed in, ..... on ..... 19 .....  
(Name of storage vault)

Town or City ..... State .....

Signature .....  
(Sexton or person in charge of storage vault)

**CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW**

Body was ..... Buried ..... on January 17, 1992 in ..... Rural Cemetery .....  
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)

Town or City: ..... Southborough ..... State ..... MA ..... Section: ..... 12 .....

Lot No. ..... 39 ..... Grave No. ..... 3 ..... Signature ..... *Buddy J. McHenry* .....  
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

## **READ CAREFULLY**

**OFFICIALS:** This burial-transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before,  
- or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records  
(1-800-852-3345, extension 4655) for instructions.

**FUNERAL DIRECTORS:** The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

**CREMATION:** When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

**SEXTON:** It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

**DISINTERMENT:** This burial-transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

**STORAGE:** When a body is to be stored this permit will be completed by the sexton where the body is entombed and forwarded by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.

**VERMONT DEPARTMENT OF HEALTH**  
**BURIAL-TRANSIT PERMIT**

Permit for Removal, Disinterment and Reinterment

Permit No. \_\_\_\_\_

1. Decedent's Name (first, middle, last) Harriet Gertrude Ruggles		2. Sex Female	3. Date of Death February 4, 2002
4. City/Town of Death Newport	5. Date of Birth June 21, 1914	6. Place of Birth Mansfield, Massachusetts	
7. Name and Address of Funeral Director or Authorized Person Converse-Rushford Funeral Home, Darling Hill Rd, Newport, VT 05855			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)		
Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official		Date

SECTION B: (If removal from temporary storage or disinterment, complete this section.)		
Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official		Date

SECTION C: (Complete this section if body will be cremated.)		
Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)		
Name of Cemetery <u>Rural cemetery</u>	City/Town <u>Southborough, Massachusetts</u>	Date <u>2/8/02</u>
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy <u>Susanne M. Hartley</u>	City/Town <u>CITY OF NEWPORT</u>	Date <u>FEB 5 2002</u>
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date <u>January 8, 2002</u>	
Name of Cemetery <u>Southborough Rural Cemetery</u>	Section <u>15</u>	Lot Number <u>2</u>
City/Town, State <u>Southborough, Massachusetts</u>	Grave Number <u>7</u>	
Signature of Sexton/Cemetery Official <u>Doris J. Gilligan</u>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)

1-19-96

[INSTRUCTIONS ON REVERSE SIDE]

FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS

**The Commonwealth of Massachusetts**  
 STANDARD CERTIFICATE OF DEATH  
 REGISTRY OF VITAL RECORDS AND STATISTICS

95 2786 ✓

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY		DECEASED - NAME      FIRST      MIDDLE      LAST      SEX      DATE OF DEATH (Mo., Day, Yr.)			
		Robert W. Russell      M      3 November 2, 1995			
4a. PLACE		PLACE OF DEATH (City/Town) 4a. Worcester		4b. COUNTY OF DEATH Worcester	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) 4c. St. Vincent Hospital
4c. HOSP.		PLACE OF DEATH (Check only one): HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 5		SOCIAL SECURITY NUMBER 6. 017-10-0525      IF US WAR VETERAN SPECIFY WAR 7. WW II	
5. TYPE		WAS DECEASED OF HISPANIC ORIGIN? (Yes, Specify Puerto Rican, Dominican, Cuban, etc.) 8a. NO      YES		RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b. White	DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12)      College (1-4, 5+) 9. 12
7. VET.		AGE - Last Birthday (Yrs.) 10a. 86	UNDER 1 YEAR MOS      DAYS b.      c.	UNDER 1 DAY HOURS      MINS 10d.	DATE OF BIRTH (Mo., Day, Yr.) September 11, 1909
8. HISP RACE		MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name) 13. Anna O'Connell	USUAL OCCUPATION (Prior - If retired) 14a. Machinist
9. EDUC.		RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 15a. 31 Russell St., Worcester, Worcester Co., Massachusetts		BIRTHPLACE (City and State or Foreign Country) 11. Worcester, Massachusetts	
10. AGE		FATHER - FULL NAME 16. Robert S. Russell		STATE OF BIRTH (If not in US, name country) 17. Mass.	MOTHER - NAME (GIVEN) (MAIDEN) 18. Phoebe L. Leach
11. NATIVITY		INFORMANT'S NAME 20. Louis K. Russell		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21. 15 Oak Hill Rd., Fayville, MA 01745	
12. MARITAL		METHOD OF DISPOSITION 23. <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		FUNERAL SERVICE LICENSEE 24. Howard L. Allen	
13. RESID.		PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a. Rural Cemetery		LOCATION (City/Town, State) 26b. Southboro, Massachusetts	
14. OUT-STATE		DATE OF DISPOSITION (Mo., Day, Yr.) 27. November 10, 1995		NAME AND ADDRESS OF FACILITY 28a/b. Howard C. Allen Funeral Home, 653 Main St., Shrewsbury, MA 01545	
23. DISP.		29. PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.		Approximate Interval Between Onset and Death	
31-32 AUTOP.		IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. SEPSIS b. PNEUMONIA - BACTERIAL. c. d.		DAYS DAYS	
33 MED EXAM		PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I. <b>GASTROINTESTINAL BLEEDING.</b>		WAS AUTOPSY PERFORMED? (Yes or No) 31. NO.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32. M 35c
34. MANNER		30. WAS CASE REFERRED TO M.E.? (Yes or No) 33. NO		DATE OF INJURY (Mo., Day, Yr.) 35a.	TIME OF INJURY 35b. M 35c
35c. WORK INJU		DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: 35e.	LOCATION (No. & St., City/Town, State) 35f.
35f. PLACE		36a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) 36b. NOVEMBER 2, 1995		37a. On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) 37b. DATE SIGNED (Mo., Day, Yr.) 37c. HOUR OF DEATH 37d. PRONOUNCED DEAD (Mo., Day, Yr.)	37e. HOUR OF DEATH 37f. PRONOUNCED DEAD (Hr.)
36-37 CERT		NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 38d. DEBORAH FORD M.D.		37e. DATE SIGNED (Mo., Day, Yr.) 37f. PRONOUNCED DEAD (Mo., Day, Yr.)	37g. HOUR OF DEATH 37h. PRONOUNCED DEAD (Hr.)
40a. RN PRO		WAS THERE AN R.N. PRONOUNCEMENT? Yes or No 40a. NO	IF YES, DATE PRONOUNCED 40b.	IF YES, TIME PRONOUNCED 40c. M	40d. NAME OF PRONOUNCING REGISTERED NURSE NAME
41. CERTIFYING PHYSICIAN		DATE BURIAL PERMIT ISSUED: November 9 1995	RECEIVED IN THE CITY/TOWN OF WORCESTER CLERK'S SIGNATURE 42.		DATE OF RECORD NOV 13, 1995 43.
41. SIGNATURE BD OF HEALTH AGENT		41. SIGNATURE BD OF PUBLIC HEALTH AGENT			

BLACK INK ONLY

DISTRIBUTION OF COPIES:  Place of Final Disposition  
 Place of Death

Place Permit Issued  
 Issuing Clerk Retain Until  
 Endorsement Received

2016 SEP - 11 P 1:57

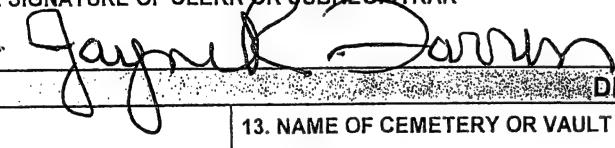
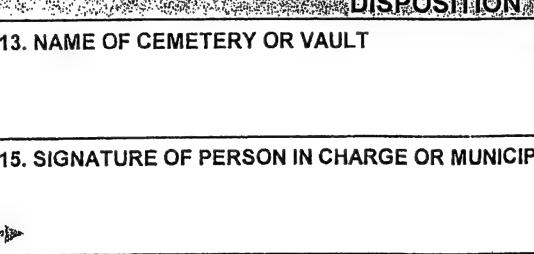
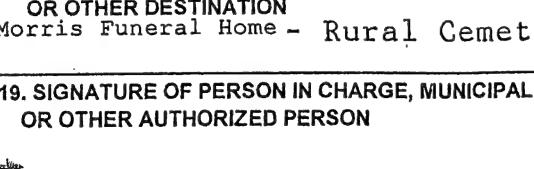
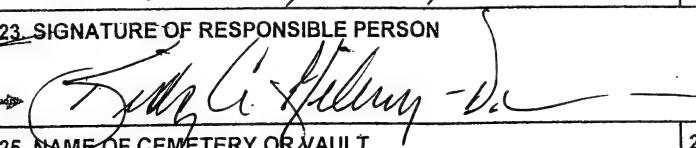
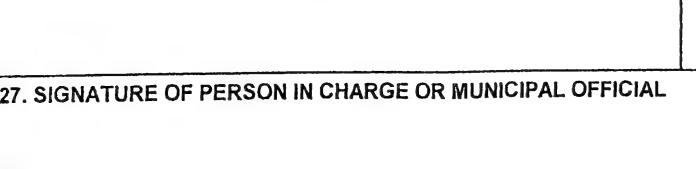
STATE OF MAINE  
 DEPARTMENT OF HUMAN SERVICES

SOUTHBOROUGH, MA

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Frank James Ramelli, Jr.				2. DATE OF DEATH (Mo., Dy., Yr.) October 3, 2015
3. SEX M	4. AGE 80	5. WAS DECEDENT EVER IN U.S. ARMED FORCES ? No	<input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) Caribou (State) ME
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Mockler Funeral Home Inc 24 Reservoir Street Caribou, Maine 0473				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 04106
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment				
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science <input type="checkbox"/> Application or Court Order for Disinterment				

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF  
 THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR 		11. CITY OR TOWN Caribou	12. DATE SIGNED (Mo., Dy., Yr.) 10/05/2015
<b>DISPOSITION</b>			
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT	14. LOCATION (City or Town) (State)	
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
REMAINS WERE: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Morris Funeral Home - Rural Cemetery	18. LOCATION (City or Town) (State) Southborough MA	
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON 		
DISPOSITION OF CREMAINS: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT <i>Rural Cemetery Sec. 6-East, Lot 7, Govt #1B</i>	22. LOCATION (City or Town) (State) <i>Southborough MA 01772</i>	
	23. SIGNATURE OF RESPONSIBLE PERSON 		
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT	26. LOCATION (City or Town) (State)	
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

Illinois Department of Public Health Division of Vital Records		PERMIT FOR DISPOSITION OF DEAD HUMAN BODY	
NAME OF DECEASED  EVELYN WATSON RABINE		DATE OF DEATH  AUGUST 25, 2016	
PLACE OF DEATH (STREET OR INSTITUTION)  WAUCONDA HEALTHCARE AND REHAB	CITY  WAUCONDA	COUNTY  LAKE	VETERAN  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORIAL)  RURAL CEMETERY, SOUTHBOROUGH, MASSACHUSETTS			
<input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> SHIP OUT OF STATE <input type="checkbox"/> CORONER OR MEDICAL EXAMINER			
IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY.			
NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE  BEHZAD FARAH MD, 27790 W HWY 22, BARRINGTON, ILLINOIS, 60010			
I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE.  SIGNED <u>MARK A KISSELBURG</u> FUNERAL DIRECTOR			
FUNERAL HOME NAME AND ADDRESS  WAUCONDA FUNERAL HOME, 235 NORTH MAIN STREET, WAUCONDA, ILLINOIS, 60084			
REGISTRAR SIGNATURE  KEVIN J BOWENS	DIST NO.  09705	DATE PERMIT ISSUED  AUGUST 25, 2016	
REGISTRAR ADDRESS  118 W COOK AVE, LIBERTYVILLE, ILLINOIS, 60048			

*I certify that the body accompanying this permit was disposed of  
in accordance with its terms.*

*At Rural Cemetery  
on Aug. 30 2016 - SEC. 18-EAST, LOT 20, SOUTHWEST  
Certified by Beth C. Julian - IC*

**MONTANA DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES**  
**Vital Statistics Bureau**  
**PO BOX 4210, Helena, MT 59604-4210**

**AUTHORIZATION**

**FOR REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF A DEAD BODY**

ORIGINAL TO  
LOCAL REGISTRAR

ONE COPY TO  
CORONER

ONE COPY TO MORTUARY/PERSON  
IN CHARGE OF DISPOSITION

ONE COPY TO CEMETERY/CREMATORIAL  
OR TO ACCOMPANY REMAINS OUT-OF STATE

Machine or facsimile copies of this form shall be valid for all purposes

If fetal death, check box:  and provide date for mother or fetus as appropriate

NAME: Alberta Julia Smith DATE OF BIRTH: March 27, 1926

SOCIAL SECURITY NUMBER: 011-20-4165  Male  Female

DIED (or was found) ON: March 25, 2020

AT: Immanuel Lutheran Home

Kalispell

IN: Flathead COUNTY.

**TO BE COMPLETED BY INDIVIDUAL AUTHORIZING REMOVAL, TRANSPORTATION AND FINAL DISPOSITION:**

I HEREBY AUTHORIZE THE REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF THE REMAINS OF THE ABOVE-NAMED  
DECEDENT (OR IDENTIFIED FETUS) PURSUANT TO MY AUTHORITY UNDER 50-15-4-5, M.C.A.

I CERTIFY THAT I AM:

THE CORONER HAVING JURISDICTION

A MORTICIAN LICENSED UNDER 37-19-302, M.C.A.

THE PHYSICIAN IN ATTENDANCE AT DEATH or THE PHYSICIAN'S DESIGNEE

signature

Adam Mills

name (typed or printed)

PO Box 966

address

March 26, 2020

2508

date

Montana license # (if any)

Johnson-Gloschat Funeral Home & Crematory

name of agency or firm represented (if applicable)

Kalispell

MT

59903

city

state

zip

If authorization is by person other than a mortician licensed under 37-19-302, M.C.A.  
name and address of mortuary/person in charge of disposition and filing of death certificate under 50-15-403, M.C.A.

name (typed or printed)

firm (if applicable)

address

city

state

zip

Cremation Authorization:

date signed

**CEMETERY OR CREMATORIAL AUTHORITY MAY COMPLETE**

4/26/2020  
date of disposition

Rural Cemetery SEC. 8, EAST  
cemetery or crematory name  
LOT 15, SAV#28

buried  cremated

Tony Mills  
city of disposition

WONDERFUL county

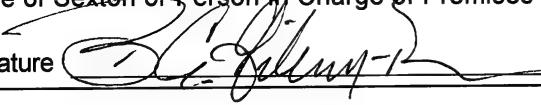
MT state

K. Miller server  
in charge

DECEDEDENT

AUTHORIZATION

DISPOSITION

<b>DECEDENT</b>	Name First <b>Robert</b>	Middle <b>I.</b>	Last <b>Slocomb</b>	Sex <b>Male</b>	
	Date of Death <b>May 3, 2016</b>	Age <b>86</b>	If Veteran of U.S. Armed Forces, War or Dates		
	Place of Death City, Town or Village <b>Brighton</b>		Hospital, Institution or Street Address <b>Jewish Home Of Rochester</b>		
	Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Circumstances <input type="checkbox"/> Pending Investigation				
	Medical Certifier	Name <b>Jyothsna Ponnuri</b>		Title <b>MD</b>	
		Address <b>2021 Winton Road South, Rochester, NY 14618</b>			
	Death Certificate Filed City, Town or Village	<b>Monroe County</b>	District Number <b>2700</b>	Register Number	
	<input type="checkbox"/> Burial	Date <b>May 5, 2016</b>	Cemetery or Crematory <b>Finger Lakes Crematory</b>		
	<input type="checkbox"/> Entombment	Address			
	<input checked="" type="checkbox"/> Cremation		<b>21 Big Tree Street, Livonia, NY 14487</b>		
<b>DISPOSITION</b>	<input type="checkbox"/> Removal and/or Hold	Date	Place Removed and/or Held		
		Address			
	<input type="checkbox"/> Transportation by Common Carrier	Date	Point of Shipment		
		Destination			
	<input type="checkbox"/> Disinterment	Date	Cemetery Address		
<input type="checkbox"/> Reinterment	Date	Cemetery Address			
Permit Issued to Name of Funeral Home	<b>Miller Funeral and Cremation Services, Inc.</b>		Registration Number <b>01200</b>		
Address	<b>3325 Winton Road South, Rochester, NY 14623-3025</b>				
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above					
Address					
<b>Permission is hereby granted to dispose of the human remains described above as indicated.</b>					
Date Issued <b>5/4/16</b>	Registrar of Vital Statistics	 (signature)			
District Number <b>2700</b>	Place	<b>Monroe County Office of Vital Statistics</b>			
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on: <b>cremated</b> <b>Rural Cemetery</b>					
Date of Disposition <b>5/18/2016</b>	Place of Disposition	<b>11 Cordaville Rd., Southborough, MA 01772</b>			
(address)					
<b>12-West</b> <b>55</b> <b>8A</b>					
(section) (lot number) (grave number)					
<b>Bridget A. Gilleney-DeCenzo</b>					
(please print)					
Signature 	Title	Cemetery Agent			
(over)					

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of the burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

RECEIVED

TOWN CLERK'S OFFICE

**STATE OF NEW HAMPSHIRE**  
**BURIAL TRANSIT PERMIT**
3. DECEDENT'S NAME (First, Middle, Last)  
PEARL LOUISE STOCKWELL

1. BURIAL PERMIT NO.

2. CITY OR TOWN

2016 MAR -4 A 8:25

4. SEX  
FEMALE

5. DATE OF DEATH (Month, Day, Year)

FEBRUARY 22, 2016

SOUTHBOROUGH, MA

6. AGE  
95 Years

7. DATE OF BIRTH (Month, Day, Year)

FEBRUARY 25, 1920

8. CITY, TOWN, OR LOCATION OF DEATH

NASHUA

9. COUNTY OF DEATH

HILLSBOROUGH

10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3.Cremation 4.Donation 5.Mausoleum 6.Other) :

CODE: 1

11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) SOUTHBOROUGH RURAL CEMETERY

12. LOCATION (City/Town, State) SOUTHBOROUGH, MA

13. DATE OF DISPOSITION (Refer to 19a) MARCH 1, 2016

14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL

15. LOCATION OF FINAL DISPOSITION (City/Town, State)

**A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAW OF THIS STATE, PERMISSION IS HEREBY GIVEN TO**

16. FUNERAL DIRECTOR STEVEN A MORRIS

17. N.H. LIC. NUM ONLY 000

18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA

19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.)  
LEO A DUMONT III

20. CITY/TOWN

NASHUA

21. DATE ISSUED (Month, Day, Year)  
FEBRUARY 22, 2016**CEMETERY OR STORAGE VAULT AUTHORITY (PRINT OR TYPE IN ALL CAPS) SIGN ON THE LINE BELOW WHEN APPLICABLE**

22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)

23. DATE STORED (Month, Day, Year)

24. CITY/TOWN, STATE

25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT

26. DATE ISSUED (Month, Day, Year)

27. TYPE OF DISPOSITION (Cremated, buried, etc.)

28. DATE OF DISPOSITION  
(Month, Day, Year)29. NAME AND LOCATION OF CEMETERY OR VAULT  
(City/Town, State)

Full Earth BURIAL

March 1, 2016

Rural Cemetery  
Southborough, MA

30. SECTION

Sec. C-West  
Lot 55-East

31. GRAVE NO.

3

32. SIGNATURE OF SEXTON OR PERSON IN CHARGE

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

## VERMONT DEPARTMENT OF HEALTH

## BURIAL-TRANSIT PERMIT

Permit for Removal, Disinterment and Reinterment

Permit No. \_\_\_\_\_

1. Decedent's Name (first, middle, last) LUCY M. SALMON		2. Sex FEMALE	3. Date of Death JULY 16, 1995
4. City/Town of Death BURLINGTON	5. Date of Birth 8/27/1899	6. Place of Birth NEW BRITAIN, CT	
7. Name and Address of Funeral Director or Authorized Person WILLIAM SHORT FUNERAL HOME, 95 WEST MAIN ST., MARLBOROUGH, MA			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)

Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official		Date

SECTION B: (If removal from temporary storage or disinterment, complete this section.)

Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official		Date

SECTION C: (Complete this section if body will be cremated.)

Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)

Name of Cemetery RURAL CEMETERY	City/Town SOUTHBORO, MA	Date 7/18/95	
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)			
Signature of Clerk or Deputy <i>Thomas J. Donahue</i>	City/Town BURLINGTON	Date 7/16/95	
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date July 18, 1995		
Name of Cemetery Rural Cemetery	Section 12	Lot Number 4	Grave Number 1
City/Town, State Southborough, MA	Signature of Sexton/Cemetery Official <i>Bruce L. Williams</i>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)

PAUL J. BERRY, TOWN CLERK 

DH-PHS-BTP-89a

**VERMONT DEPARTMENT OF HEALTH**  
**BURIAL-TRANSIT PERMIT**

Permit for Removal, Disinterment and Reinterment

Permit No. \_\_\_\_\_

1. Decedent's Name (first, middle, last) Joseph Paul Sanchioni		2. Sex Male	3. Date of Death November 29, 2009
4. City/Town of Death Williamstown, VT	5. Date of Birth March 24, 1944	6. Place of Birth Framingham, MA	
7. Name and Address of Funeral Director or Authorized Person For: Morris Funeral Home, 40 Main Street, R. Brent Whitcomb, 7 Academy Street, Barre, VT 05641 Southborough, MA			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)		
Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION B: (If removal from temporary storage or disinterment, complete this section.)		
Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION C: (Complete this section if body will be cremated.)		
Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)			
Name of Cemetery Rural Cemetery	City/Town Southborough, MA	Date 12/05/2009	
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)			
Signature of Clerk or Deputy <i>R. Brent Whitcomb</i> , Deputy	City/Town Williamstown, VT	Date 12/02/2009	
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date December 5, 2009		
Name of Cemetery Rural Cemetery	Section C-East	Lot Number 12 south	Grave Number 4
City/Town, State Southborough, MA 01772	Signature of Sexton/Cemetery Official <i>Douglas L. Miller, Jr.</i>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)

01/19/2010 02:39 0000000000

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PAGE 04

PAUL J. BERRY, TOWN CLERK



**State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT**

A. (TYPE)		First	Middle	Last	Date of Death	Month	Day	Year
1. Name of Deceased	DENSON			SATTERFIELD	JANUARY 16, 2010			
2. Place of Death	City, Town or Location		Name of (if neither, give street address) Hosp. or Inst.					
County SARASOTA	ENGLEWOOD		ENGLEWOOD COMMUNITY HOSPITAL					
3. Name of Medical Certifier SOHAIR SHARIFF, MD	Address 1720 EAST VENICE AVENUE VENICE, FLORIDA 34292				Phone Number 941/483-9700			
Medical Examiner <input type="checkbox"/>	Physician <input checked="" type="checkbox"/>							
4. Name of Funeral Home/Direct Disposal Establishment ENGLEWOOD COMMUNITY FUNERAL HOME	Address 3070 SOUTH MCCALL ROAD ENGLEWOOD, FLORIDA 34224		Fla. Lic. No./Reg. No. 2005		Phone No. (Area Code) 941/475-9800			
5. Check Appropriate Box	a. <input type="checkbox"/>	The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/>	(BRENDA) DR. SHARIFF'S (OFFICE) was contacted on JANUARY 18, 2010 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that SOHAIR SHARIFF, MD will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/>	was contacted on _____ He/she verified that _____ Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/ Direct Disposer	Signature		F.E. No./Reg. No. FO42874	Date Signed 01/18/10				

**BURIAL - TRANSIT PERMIT**

Permit No. 2005-10-010

Permission is hereby granted to dispose of this body.

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or  
Subregistrar SignatureDate  
Issued: 01/18/10Date Certificate  
Due: 01/21/10**AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number:

2010-0345

Date January 19, 2010

(Laura)

Medical Examiner, DISTRICT 12 ME OFFICE

gave authorization by telephone to

Jo-Ann Verna

Funeral Director/Direct Disposer.

Date

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

**CEMETERY OR CREMATORIUM**Rural Cemetery, Southborough, MA  
See-B-West, Lot 53, Grv#2A (crmnss)

Method of Disposition:

Place of Disposition

 BURIAL STORAGE

Date of Disposition

April 16, 2010

 CREMATION OTHER (Specify)Signature of Sexton  
or Person-in-Charge

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

# Park View Cemetery Crematorium

(518) 346-3217 • Fehr Avenue • P.O. Box 9154 • Schenectady, New York 12309

## CERTIFICATE OF CREMATION

THIS IS TO CERTIFY THAT HEREIN ARE THE CREMATED REMAINS OF

David P. Scattergood

RESIDENCE 37 Blue Spruce Lane AGE 89 years SEX Male  
Ballston Lake, NY

DATE OF DEATH 12/31/11 PLACE OF DEATH Ballston Lake, NY

DATE OF CREMATION 1/04/12 NO. 0112007

PARK VIEW CEMETERY ASSOCIATION

BY 

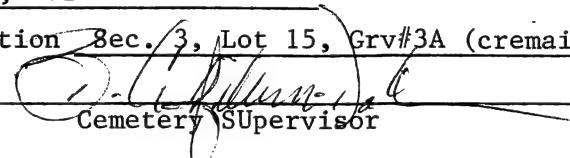
VANDALISM FEE PAID

David P. Scattergood's cremated remains were disposed of in accordance with its Terms

At Rural Cemetery Southborough, MA

on March 24, 2012

Final Disposition Sec. 3, Lot 15, Grv#3A (cremains)

Certified By   
Cemetery Supervisor

RECEIVED  
TOWN CLERK'S OFFICE  
2012 MAR 29 A 9:13  
SOUTHBOROUGH, NY



State of Florida, Department of Health, Bureau of Vital Statistics  
BURIAL TRANSIT PERMIT

DATE PRINTED: January 7, 2013

TRACKING NUMBER: 2012181973

1.

DECEDENT INFORMATION

Name of Deceased	Date of Death	
EVELYN LOUISE SHIMKUS	December 31, 2012	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
SARASOTA	VENICE	1420 EAST VENICE AVENUE, APT. 211
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
ENGLEWOOD COMMUNITY FUNERAL HOME INC F040778 3070 SOUTH MCCALL RD ENGLEWOOD, FLORIDA, 34224	F040778	(941) 475-9800
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
JOANN VERA	F046474	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics  
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2013-F040778-5001  
Date Issued: January 1, 2013

Meade Grigg, State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 12 Approval Number: C13-00105

4. CEMETERY OR CREMATORIAL

Place of Disposition: ENGLEWOOD COMMUNITY FUNERAL HOME, INC

Method of Disposition: CREMATION Date of Disposition: 01/08/13

Signature of sexton or person in-charge (or by the funeral director/direct disposer when there is no sexton)

DH 326E, 1/11  
64V-1.011, Florida Administrative Code

I hereby certify that the cremated remains of  
Evelyn Louise Shimkus Accompanying this certificate was disposed of  
in accordance with it's terms

At Rural Cemetery Town Southborough, MA  
On May 25, 2013 Final Disposition Sec.2-A, Lot 54B, Grv#2A  
Certified by B. C. Johnson, Cemetery Supervisor, Town of Southborough

RECEIVED  
TOWN CLERK'S OFFICE  
2013 JUN 11 A.M. 449  
JMK: JUNIOR

RECEIVED  
TOWN CLERK'S OFFICE  
ALBANY RURAL CEMETERY

PAGE 01

2010 AUG 24 A 8:14 AM

*Marjorie Shuman*  
**Burial - Transit Permit**

NEW YORK STATE DEPARTMENT OF HEALTH  
Vital Records Section

	Middle	Last	Sex
		Shuman	Female
Name First <input checked="" type="checkbox"/> Marjorie	Age <input type="checkbox"/> 93	If Veteran of U.S. Armed Forces, War or Dates <input type="checkbox"/> No veteran	
Date of Death <input type="checkbox"/> July 25, 2010		Hospital, Institution or Street Address <input type="checkbox"/> 3 Carroll Terrace	
Place of Death City, Town or Village Albany, New York		<input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Circumstances	<input type="checkbox"/> Pending Investigation
Manner of Death <input checked="" type="checkbox"/> Natural Cause	<input type="checkbox"/> Accident	Title <input type="checkbox"/> M.D.	
Medical Certifier <input type="checkbox"/> Name <input type="checkbox"/> Judith Van Woert	Address <input type="checkbox"/> 1525 New Scotland Road	Slingerlands, New York 12159 District Number 101	Register Number
Death Certificate Filed City, Town or Village Albany, New York		Cemetery or Crematory <input type="checkbox"/> Albany Rural Crematory	
<b>DISPOSITION</b>			
<input type="checkbox"/> Burial	Date <input type="checkbox"/> 8/2/10		
<input type="checkbox"/> Entombment	Address <input type="checkbox"/> Menands, New York		
<input checked="" type="checkbox"/> Cremation	Date <input type="checkbox"/>	Place Removed and/or Held	
<input type="checkbox"/> Removal and/or Hold	Address <input type="checkbox"/>		
<input type="checkbox"/> Transportation by Common Carrier	Date <input type="checkbox"/>	Point of Shipment	
	Destination <input type="checkbox"/>		
<input type="checkbox"/> Disinterment	Date <input type="checkbox"/>	Cemetery Address	
<input type="checkbox"/> Reinterment	Date <input type="checkbox"/>	Cemetery Address	
Permit Issued to Name of Funeral Home Levine Memorial Chapel Inc.		Registration Number <input type="checkbox"/> 01051	
Address <input type="checkbox"/> 649 Washington Avenue, Albany, NY 12206			
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above			
Address <input type="checkbox"/>			
Permission is hereby granted to dispose of the human remains described above as indicated.			
Date Issued <input type="checkbox"/> 7/31/10	Registrar of Vital Statistics <input type="checkbox"/> <i>[Signature]</i>	(signature)	
District Number <input type="checkbox"/> 101	Place Albany, New York		
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on:			
Date of Disposition <input type="checkbox"/>	Place of Disposition <input type="checkbox"/>	(address)	
Name of Sexton or Person in Charge of Premises <input type="checkbox"/>		(section) <input type="checkbox"/>	(lot number) <input type="checkbox"/>
		(grave number) <input type="checkbox"/>	
Signature <input type="checkbox"/>		Title <input type="checkbox"/>	

The cremated remains of Marjorie Shuman were buried on August 3, 2010  
at Rural Cemetery in Southborough, MA, Final Disp. Sec 2, Lot 2, Gry #2B (over)

DOH-1555 (02/2004)

Certified by

*[Signature]*  
Cemetery Supervisor



MISSOURI DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

## OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION

**This notification is to be used only when deemed necessary by Funeral Home Licensee.**

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

Section 193.175, RSMo (1986)

### I HEREBY CERTIFY THAT NOTIFICATION OF DEATH FOR

DECEDENT	JAMES HOMAN SLOCOMB, SR.	WAS FILED WITH THE LOCAL REGISTRAR OF
COUNTY	JACKSON	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>JULY 12, 1999</b>
CEMETERY OR CREMATORIY - NAME	LOCATION (CITY, STATE)	DATE (MONTH, DAY, YEAR)
D.W. NEWCOMER'S SONS CREMATORIY	KANSAS CITY, MISSOURI	<b>JULY 12, 1999</b>
SIGNATURE (FUNERAL HOME LICENSEE) ► <i>Judy E Post</i>		MO. LICENSE NUMBER <b>5132</b>

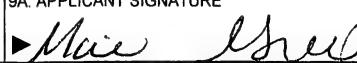
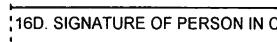
MO 580-0722 (10-92)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER - services provided on a nondiscriminatory basis

VS-302 (10-92)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEASED—FIRST JOHN		1B. MIDDLE ARTHUR	1C. LAST SLOCUM JR
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 02/26/1953	4. DATE OF DEATH (MONTH, DAY, YEAR) 05/21/2012	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A CITY OF DEATH LONG BEACH		6B. COUNTY OF DEATH—if outside of California, enter state LOS ANGELES	
7A. NAME OF INFORMANT TIMOTHY SLOCUM		7B. RELATIONSHIP TO DECEASED BROTHER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE SOCAL CREMATIONS 6356 VAN NUYS BLVD SUITE 211, VAN NUYS, CA 91401
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 27B NICKERSON RD, ASHLAND, MA 01721		8B. CALIFORNIA LICENSE NUMBER—if applicable FD 2100	
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.		9A. APPLICANT SIGNATURE 	
		9B. DATE SIGNED 7/23/2012	
10A. AMOUNT OF FEE PAID \$ 11.00		10B. DATE PERMIT ISSUED 07/23/2012	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  MAURO TORINO, MD
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—if death occurred in California LONG BEACH CITY HEALTH DEPARTMENT 2525 GRAND AVENUE LONG BEACH, CA 90815		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—if different from 10D --	
11. AUTHORIZED DISPOSITION(S)  CREMATION/TRANSIT		FOR CORONER'S USE ONLY	
cremains BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772		12B. DATE BURIED May 15, 2013
			12C. INTERMENT NUMBER—if applicable Sec. 3, Lot 13, Grv#2A
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY DAY & NIGHT REMOVALS & CREMATIONS, 16760 STAGG ST #203, VAN NUYS, CA 91406		13B. DATE CREMATED 07-24-2012
			13C. CREMATION NUMBER—if applicable 2404
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		14B. DATE RECEIVED  
			14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY  
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED RES TIMOTHY SLOCUM 27B NICKERSON RD ASHLAND, MA 01721		15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER  
			15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER  
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE		16B. DATE OF DISPOSITION  
			16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—if applicable  
16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL  			

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.\*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.\*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.\*

\* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

RECEIVED  
TOWN CLERK'S OFFICE

2013 JUN 11 A 9:49

SOUTHBOROUGH *JH*



STATE OF FLORIDA  
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES  
VITAL STATISTICS

APPLICATION FOR BURIAL-TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Evelyn	L.	Smith	March 20, 1990			
2. Place of Death County	City, Town or Location		Name of Hosp. or Inst.	(If neither, give street address)			
Pasco	New Port Richey		203 Cardinal Drive				
3. Name of Medical Certifier	S. Lynn Broadfield, M. D.		<input checked="" type="checkbox"/> Physician	Address	813-847-3439	Phone Number	
4. Funeral Home/ Direct Disposer	Name Morgan Funeral Home, Inc., 6025 Trouble Creek Road, Nwe Port Richey, Fla 34653		<input type="checkbox"/> Medical Examiner	5341 Grand Blvd., NewPortRichey, Fla 34652	Address 813-847-3999	Phone Number (Area Code)	
5. Check Appropriate Box	<p>a <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b <input checked="" type="checkbox"/> Dr. Broadfield was contacted on 3-21-90 within 48 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that she will complete and sign the medical certification of cause of death.</p> <p>c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.</p>						
6. Funeral Director/ Direct Disposer	Signature		FE1476	March 21, 1990			
	George B. Morgan		Fla. Lic. No./Reg. No.	Date Signed			

BURIAL-TRANSIT PERMIT

Permit No. 1049-3718

Permission is hereby granted to dispose of this body.

A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted. If it cannot be filed within this time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

No extension of time for filing the death certificate requested.

Registrar or Sub-Registrar Signature George B. Morgan Date Issued: March 21, 1990 Date Certificate Due:

C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature \_\_\_\_\_, Medical Examiner Date \_\_\_\_\_  
or  
Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_

Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORIUM

Method of Disposition:

BURIAL     STORAGE  
 CREMATION     OTHER (Specify) \_\_\_\_\_

Signature of Sexton or Person-in-Charge )

Place of Disposition Sunbeam Funeral Cemetery

Date of Disposition 3/26/90

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

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## INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL—TRANSIT PERMIT FORM

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**Section A.**

### APPLICATION FOR PERMIT

1. Type or print name of deceased and date of death.
2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name and address of the physician or Medical Examiner who you determine is to provide the medical certification of cause of death. (Name of a group practice, hospital staff, District Medical Examiner's office, will suffice.)
4. Indicate name and address of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her. The name of a group practice, staff physician or a similar description may be substituted for the name of a specific physician.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires signature of applicant, Florida License/Registration number, and date application signed.

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**Section B.**

### BURIAL—TRANSIT PERMIT

Provide permit number. If it is anticipated that the certificate cannot be filed within three (3) days from the date of death, five (5) additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Control, Office of Vital Statistics.

The Registrar or Sub-Registrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Sub-Registrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Sub-Registrar on the Burial—Transit Permit need not be the same as the Sub-Registrar signature on the death certificate.) Section 382.061, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within 72 hours after death. It shall be mailed or delivered to the County Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

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**Section C.**

### AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

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**Section D.**

### CEMETERY OR CREMATORIUM

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.



We certify this container contains the

Cremated Remains  
of

Donna M. Boisse Spier

who died on

November 25, 2011

in the City, County, & State of

Orange City, Volusia, Florida

Your loved one was cremated on

12/1/11

40087-11-101

12108

Date

Permit #

Cremation Tag #

S

December 1, 2011

Signed

Date

Thank you for allowing us to serve your family.

I hereby certify that the cremated remains of Donna M. Boisse Spier accompanying this permit was disposed of in accordance with its terms.

At Rural Cemetery Town Southborough, MA

on June 16, 2012 Final Disposition Sec. 2, Lot 28B, Grv#1A

Certified by

B. C. Miller  
Cemetery Supervisor

## REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HARTFORD, CT 06134-0308PERMIT NO.  
XXXXXXDATE ISSUED  
8 / 16 / 2001

- 1 THIS PERMIT a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
- 3 This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF  
Humphrey StatterWHO DIED AT  
Greenwich HospitalON  
8 / 14 / 2001

## CAUSE OF DEATH

Cardiopulmonary Arrest

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

## FINAL DISPOSITION (Name and address of cemetery or crematory)

Burnett Burial Park, Southborough, MA

BURIAL PLOT Lowell Lot	SECTION NO. Northwest	LOT NO. -	GRAVE NO. north of Julia	OTHER PLACE OF INTERMENT (Specify)
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ISSUED TO (Name of Funeral Director or Embalmer) Fred D. Knapp & Son	ADDRESS 267 Greenwich Ave. Greenwich, CT	IF EMBALMER, LICENSE NO. -----
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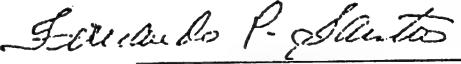
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)  
Sub. *[Signature]*TOWN OF  
GreenwichTRANSIT PASTER  
 YES  NODATE BODY BURIED  
Cremation  
9 / 22 / 01

## SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE-NAMED  
CEMETERY (Sexton's Signature)  
*Budget C. of Almy*

COPY

<b>Certificate of Cremation</b> BY <b>FERNCLIFF CREMATORY</b> HARTSDALE - WESTCHESTER COUNTY - NEW YORK 151794		08/17/01
Cremation No.	Cremation Date	
<b>KNOW ALL MEN BY THESE PRESENTS,</b> that <b>HUMPHREY STATTER</b>  <b>HAS BEEN CREMATED AT FERNCLIFF CREMATORY</b> <b>VANDALISM FEE COLLECTED</b>		
 Superintendent		

**RECEIVED  
DISTRIBUTION OFFICES:  
TOWN CLERK'S OFFICE**

Place of Final Disposition  
 Place of Death

Place Permit Issued  
 Issuing Clerk - Retain Until  
**Endorsement Received**

2011 FEB 25 A 10:17

SOUTHBOROUGH, MA

STATE OF MAINE

DEPARTMENT OF HEALTH AND HUMAN

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) <b>H. George Stevens III</b>			2. DATE OF DEATH (Mo., Dy., Yr.) <b>February 20, 2011</b>		
3. SEX <b>Male</b>	4. AGE <b>74</b>	5. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>	6. PLACE OF DEATH (City or Town) <b>Portland</b>	(State) <b>ME</b>	
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON <b>Bibber Memorial Chapel 67 Summer Street, Kennebunk ME 04043</b>			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER <b>H09011</b>		
8. PERMISSION REQUESTED FOR: (Check all that apply)					
<input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT <b><input checked="" type="checkbox"/> Completed Death Certificate</b>	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<b><input checked="" type="checkbox"/> Medical Examiner's Release For Cremation, Removal from State, Burial At Sea, Use by Medical Science</b>		<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE  
THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR SUBREGISTRAR <b>Kathleen Hayes TB</b>	10b. CITY OR TOWN <b>Portland</b>	10c. DATE SIGNED (Mo., Dy., Yr.) <b>FEB 22 2011</b>
11. SIGNATURE OF SUBREGISTRAR <b>→</b>	11b. CITY OR TOWN	11c. DATE SIGNED (Mo., Dy., Yr.)

**DISPOSITION**

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT	13. LOCATION (City or Town) (State)	
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL <b>→</b>		
<input checked="" type="checkbox"/> REMAINS WERE: BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> PLACED IN MAUSOLEUM <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION <b>Rural Cemetery</b>	17. LOCATION (City or Town) (State) <b>Southborough, MA</b>	
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON <b>→ K. Bellin DeC</b>		
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OTHER DESTINATION <b>Rural Cemetery</b>	21. LOCATION (City or Town) (State) <b>Southborough, MA</b>	
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON <b>→ K. Bellin DeC</b>		
DISPOSITION OF CREMAINS:	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	26. DATE (Mo., Dy., Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	27. NAME OF CEMETERY OR VAULT		28. LOCATION (City or Town) (State)
	29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL <b>→</b>		30. DATE (Mo., Dy., Yr.)

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.



C-17-10  
2784-671-31

**State of Florida, Department of Health, Vital Statistics**  
**APPLICATION FOR BURIAL - TRANSIT PERMIT**

A. (TYPE) :

1. Name of Deceased	First	Middle	Last	Date of Death	Month	Day	Year
	LEONARD		STRAUBE	3	28	2005	

2. Place of Death County	Sarasota	City, Town or Location	Venice	Name of Hosp. or Inst.	(If neither, give street address) Vehicle Regional Medical Center		
--------------------------	----------	------------------------	--------	------------------------	--	--	--

3. Name of Medical Certifier	Joseph Noah, M.D.	Address	706 The Rialto Venice, FL 34285	Phone Number	941-885-1505		
	<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician						

4. Name of Funeral Home/Direct Disposal Establishment	Address	Fla. Lic. No./Reg. No.	Phone No. (Area Code)
National Cremation Society	777 So. Palm Avenue, #5 Sarasota, FL 34236	KA549	941-366-9080

5. Check appropriate Box

a.  The medical certification has been completed and signed. A completed certificate of death accompanies this application.

b.  Tammy @ doctors office was contacted on 3-28-2005  
He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Noah will complete and sign the medical certification of cause of death within 72 hours.

c.  \_\_\_\_\_ was contacted on \_\_\_\_\_ He/she verified that \_\_\_\_\_, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No.	Date Signed
	<i>Sharon Gilleney-DeCenzo</i>	KA549	3-28-2005

B.

**BURIAL - TRANSIT PERMIT**

Permit No. 380-05-0221

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

*Sandra L. Clark*

Date

Issued: 3-28-2005

Date Certificate

Due: 4-2-2005

4-8-05

C.

**AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number:

*2005-1560*

Date 4-4-05

Medical Examiner, Hannah A. Medical Examiner, gave authorization by telephone to Chantel Wilson  
Funeral Director/Direct Disposer. Date 4-4-05

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

**FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY**

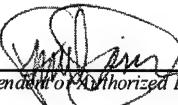
1. Date Burial-Transit Permit (pink copy) was filed with Local Registrar: \_\_\_\_\_
2. Date Temporary Certificate was filed with Local Registrar: \_\_\_\_\_
3. Date Permanent Certificate was filed with Local Registrar: \_\_\_\_\_
4. Follow-up efforts & activities (Note parties & dates contacted): \_\_\_\_\_
5. Name and place of disposition: \_\_\_\_\_
6. Funeral Director/Direct Disposer Report Filed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Filed: \_\_\_\_\_

I hereby certify that the cremated remains of Leonard Straube were buried at Rural Cemetery in Southborough, MA Location in grave 61 of Section G on May 26, 2005.

**FUNERAL DIRECTOR/DIRECT DISPOSER COPY**

*Bridget A. Gilleney-DeCenzo*

22520

		RECEIVED SOUTHBOROUGH TOWN CLERK			
 0000595537 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION</b> <b>PERMIT</b>		State File # <b>40166 P 1: 53</b> 2021 053406	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>SULLIVAN, BARBARA JANE</b> Place of Death <b>184 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>NOVEMBER 08, 2021</b> Date of Birth <b>JUNE 15, 1940</b> Sex <b>FEMALE</b> Residence <b>184 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b> <i>Branch of military (most recent)</i> <b>---</b> <i>Date entered (most recent)</i> <b>---</b>				
<b>CERTIFIER</b>	Certifier <b>CONNIE DREXLER, MD</b> Lic # <b>71130</b> Addr. <b>112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532</b>				
	<i>Immediate Cause of Death</i> <b>RESPIRATORY FAILURE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/Designee <b>PHILLIP R. SHORT</b> Lic # <b>50881</b> Facility. <b>SHORT &amp; ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>NOVEMBER 11, 2021</b> Place/Address <b>ALL FAITHS CEMETERY AND CREMATORIUM, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>				
	<b>Endorsements</b>				
	<b>PERMIT</b>	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
		State Tracking # <b>053406</b> Date <b>NOVEMBER 12, 2021</b>	Local Permit # <b>E-PERMIT</b> Date <b>---</b> Name of Agent <b>---</b>		
<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) <b>All Faiths Crematory Worcester</b>				
	Disposition Type	Date of Disposition	Signature 		
<b>Cremation</b>		11/16/2021	Paul A. Druin		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST HELEN		1B. MIDDLE AGNES	1C. LAST TORTORA
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 11/10/1923	4. DATE OF DEATH (MONTH, DAY, YEAR) 10/17/2016	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH FULLERTON		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE ORANGE	
7A. NAME OF INFORMANT JOSEPH TORTORA		7B. RELATIONSHIP TO DECEDENT SON	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE MCAULAY & WALLACE MORTUARY 902 N HARBOR BLVD, FULLERTON, CA 92832
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 4414 VIA EL MOLINO, YORBA LINDA, CA 92886		8B. CALIFORNIA LICENSE NUMBER—if applicable FD190	
<b>ACKNOWLEDGEMENT OF APPLICANT</b> —I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			
<b>PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR</b> —ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION <small>This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.</small>			
10A. AMOUNT OF FEE PAID \$ 12.00	10B. DATE PERMIT ISSUED 10/19/2016	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ► ERIC G. HANDLER, M.D. 	10D. DATE SIGNED 10/19/2016
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA ORANGE HEALTH DEPARTMENT 1200 NORTH MAIN STREET, SUITE 100-A SANTA ANA, CA 92701		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D —	
11. AUTHORIZED DISPOSITION(S) CREMATION/TRANSIT		FOR CORONER'S USE ONLY	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ► Rural Cemetery 11 Cedarville Rd. Junction, MA 01772	12B. DATE BURIED ► April 19, 2017	12C. INTERMENT NUMBER—IF APPLICABLE ► Section of Cremated Remains
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY MACERA CREMATORY 1020 FULLER SANTA ANA, CA 92701	13B. DATE CREMATED ► 10-26-16	13C. CREMATION NUMBER—IF APPLICABLE ► 5292
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	14B. DATE RECEIVED ►	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ►
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH RURAL CEMETERY SOUTHBOROUGH, MA 01772	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ►
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE —	16B. DATE OF DISPOSITION —	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE —
16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ►			

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.\*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.\*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.\*

\* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

#### INSTRUCTIONS FOR COPY DISTRIBUTION

COPY 1 ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 2 RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 4 RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

#### SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION, OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISION OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)

**Certificate of Cremation**  
BY THE  
**OCCOHANNOCK CREMATORY, INC.**

RECEIVED  
TOWN CLERK'S OFFICE  
2012 MAY 30 P 1:  
SOUTHBOROUGH, MA

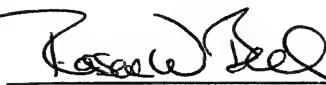
This Certifies That THE REMAINS OF DAVID ERNEST TAYLOR

AGED 75, WAS CREMATED AT THE OCCOHANNOCK CREMATORY,

July 19, 1997 AND THESE ARE THE INCINERATE  
REMAINS OF SAID BODY.

DATE OF DEATH July 17, 1997

REGISTERED NO. 97-1953

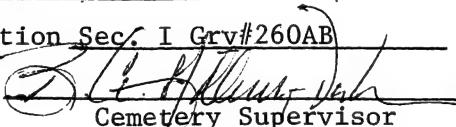
 AUTHORIZED SIGNATURE

I hereby certify that the cremated remains accompanying this permit  
was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

on May 18, 2012

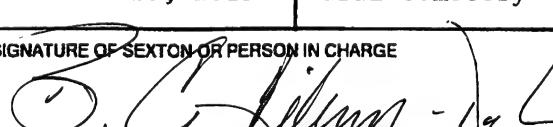
Final Disposition Sec. I Grv#260AB

Certified by 

Cemetery Supervisor

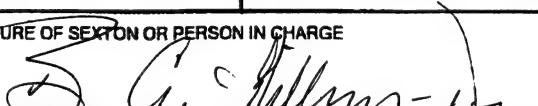
**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT</b>			
3. DECEASED'S NAME (First, Middle, Last) <b>JOHN CLIFFORD TELLER</b>		1. BURIAL PERMIT NO <b>2015-BT-10-A-11-59</b>	2. CITY OR TOWN
6. AGE <b>83 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>JULY 2, 1930</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>CONCORD</b>	9. COUNTY OF DEATH <b>MERRIMACK</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): <b></b>		CODE: <b>3</b>	
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>PHANEUF CREMATORIUM</b>			
12. LOCATION (City/Town, State) <b>MANCHESTER, NH</b>			
13. DATE OF DISPOSITION (Refer to 19a) <b>MAY 28, 2014</b>			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
16. FUNERAL DIRECTOR <b>MICHAEL A FLYNN</b>		17. N.H. LIC. NUM ONLY <b>869</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH</b>			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>MICHELE M PHANEUF PLASZ</b>	20. CITY/TOWN <b>CONCORD</b>	21. DATE ISSUED (Month, Day, Year) <b>MAY 27, 2014</b>	
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Burial of cremated remains</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>October 16, 2015</b>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA</b>
30. SECTION <b>13-East</b> Lot - <b>25west</b>	31. GRAVE NO. <b>2A</b> Companion Urn	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT</b>		RECEIVED 10:39 A.M. JULY 19, 2010 SOUTHBOROUGH, MA	
3. DECEDENT'S NAME (First, Middle, Last) <b>VIRGINIA G TELLER</b>		4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>JUNE 17, 2010</b>
6. AGE <b>76 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>MARCH 29, 1934</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>FRANKLIN</b>	
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): <b>3</b>		9. COUNTY OF DEATH <b>MERRIMACK</b>	
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>PHANEUF CREMATORIUM</b>			
12. LOCATION (City/Town, State) <b>MANCHESTER, NH</b>			
13. DATE OF DISPOSITION (Refer to 19a) <b>JUNE 22, 2010</b>			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL <b>KEPT BY FAMILY</b>			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) <b>CANTERBURY, NH</b>			
16. FUNERAL DIRECTOR <b>MARK P GOMES</b>		17. N.H. LIC. NUM ONLY <b>093</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH</b>			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register If app.) <b>MICHELE M PHANEUF PLASZ</b>		20. CITY/TOWN <b>FRANKLIN</b>	21. DATE ISSUED (Month, Day, Year) <b>JUNE 23, 2010</b>
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <b>Burial of cremated remains</b>		28. DATE OF DISPOSITION (Month, Day, Year) <b>October 16, 2015</b>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <b>Rural Cemetery Southborough, MA</b>
30. SECTION Lot - 25west	13-East Companion Urn	31. GRAVE NO. <b>2A</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			



State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased	First Ralph	Middle S.	Last Trethewey	Date of Death November 10, 2006	Month Year
2. Place of Death	City, Town or Location County Manatee Palmetto		Name of Hosp. or Inst. 8268 47th St. Circle E.		
3. Name of Medical Certifier	Camilio Cabrera <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician	Address 3501 Cortez Road West Bradenton, FL 34210		Phone Number 752-2800	
4. Name of Funeral Home/Direct Disposal Establishment	Brown & Sons Funeral Homes	Address 5624 26th St.W. Bradenton, FL 34207	Fla. Lic. No./Reg. No. 997	Phone No. (Area Code) 941-758-7788	
5. Check Appropriate Box	<p>a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b. <input checked="" type="checkbox"/> Susan at Dr. Cabrera's office was contacted on 11/13/06 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that he will complete and sign the medical certification of cause of death within 72 hours.</p> <p>c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.</p>				

6. Funeral Director/  
Direct Disposer

Signature *Ronald Bonehard*

F.E. No./Reg. No. 3559

Date Signed 11/13/06

B.

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 997-8481

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature *Ronald Bonehard*)

Date Issued:

11/13/06

Date Certificate Due:

11/15/06

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_  
Funeral Director/Direct Disposer. Date \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Southborough Rural Cemetery  
Southborough, MA

Method of Disposition:

BURIAL

STORAGE

Date of Disposition November 16, 2006

Sec.1A, Lot D, Grv#2

CREMATION

Signature of Sexton  
or Person-in-Charge  
} *Douglas C. Williams-Sexton*

OTHER (Specify)

Removal from State

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

## **INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM**

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### **APPLICATION FOR PERMIT**

#### **Section A.**

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

---

### **BURIAL-TRANSIT PERMIT**

#### **Section B.**

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

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### **AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA**

#### **Section C.**

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

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### **CEMETERY OR CREMATORIUM**

#### **Section D.**

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEASED—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mary	Josephine	Van Meter	3-15-68	1-17-90	FE
5A. CITY OF DEATH		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Peter W Van Meter-sea</b> <b>4 Cloud View Circle</b> <b>Sausalito, Ca 94965</b>	
San Diego		San Diego			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>NEPTUNE SOCIETY 14065 Hwy 8 Bus El Cajon, Ca</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F-1352</b>		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>1-17-90</b>
<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 24 1990</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald L. Ramey, M.D.</b>
AUTHORIZATION OF LOCAL REGISTRAR	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, Ca 92138-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY			<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING					
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>n/a</b>		11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>LENEDA INC 14065 Hwy 8 Bus El Cajon, Ca</b>		12B. DATE CREMATED <b>1/25/90</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>[Signature]</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>[Signature]</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>Walter Davis Dept. of Cemeteries PO Box 165 Southboro, MA 01772</b>		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <b>[Signature]</b>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION <b>St Mark's Church Southboro, MA 01772</b>		15B. DATE OF DISPOSITION <b>1/16/90</b>	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

## **SPECIAL INSTRUCTIONS REGARDING CREMATION**

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7117, 10376 AND 10376.5.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

**CREMATED REMAINS SHALL NOT BE SCATTERED OVER INLAND WATERS OR OVER LAND UNLESS IN A DEDICATED CEMETERY IN A GARDEN AREA USED EXCLUSIVELY FOR SUCH PURPOSES.**

Received and filed in the Office of the Town Clerk Dec. 21, 2004

9:30am

REGISTRAR'S

FILE NO.

**TRANSIT COPY**This copy must accompany  
body to final destination

**STATE OF ARIZONA**  
**DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS**  
**DISPOSAL - TRANSIT PERMIT**

*Paul J. Berry*, 2448  
Paul J. Berry, Town Clerk

IDENTIFICATION OF DECEASED	A. FIRST <b>Pansy</b>		B. MIDDLE <b>M.</b>	C. LAST <b>Vatcher</b>	SEX 2. Female	AGE 3. 93	RACE/ETHNICITY 4. White
	DATE OF DEATH 5. April 5, 2003	PLACE OF DEATH 6. Mountain View Care Center	A. TOWN OR CITY Tucson	B. COUNTY Pima	C. STATE Arizona		
CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)							
7.							
MANNER AND PLACE OF DISPOSITION	<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> OTHER (SPECIFY)	FUNERAL HOME 9. <b>BRING FUNERAL HOME, INC.</b> Bring's Memorial Chapel, P.O. Box 1423, Tucson, Arizona		B. ST. ADDRESS F1077	C. CITY AND STATE 11. 11/10/2004		
	<input type="checkbox"/> CREMATION	FUNERAL DIRECTOR'S SIGNATURE <i>Rocky Carr</i>		DATE SIGNED			
8. REMOVAL of Cremains							
PLACE OF BURIAL OR OTHER DISPOSITION 12. Southboro Rural Cemetery		A. NAME 10. ▶	B. STREET ADDRESS Southboro, Massachusetts	C. CITY AND STATE			
REGISTRAR'S AUTHORIZATION FOR DISPOSITION	13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.				REG. DISTRICT 15. 1004	DATE SIGNED 16. Nov. 10, 2004	
	14. ▶ <i>Nancy J Wright, Deputy</i>				C. CITY AND STATE		
DISPOSITION OF BODY	BODY WAS: 17. <input checked="" type="checkbox"/> BURIED <b>cremains</b> Rural Cemetery	CEMETERY OR CREMATORY 18. 11 Cordaville Rd.,	A. NAME 19. 12/16/04	B. STREET ADDRESS Southborough, MA 01772	C. CITY AND STATE		
	<input type="checkbox"/> CREMATED (SPECIFY) <input type="checkbox"/> OTHER	DATE OF DISPOSITION 20. ▶	CEMETERY MANAGER'S SIGNATURE <i>Frank Coffey - Deacon</i>	TITLE 22 B.			
STATE REGISTRAR USE	DATE RCV'D IN STATE OFFICE 21.	REGISTRAR'S SIGNATURE 22 A. ▶					

VS-7 REV. 8/88

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887  
DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030



Received and filed in the Office of the Town Clerk Jan. 8, 2008 1:00pm  
State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

*Paul J. Berry*  
Paul J. Berry, Town Clerk

A. (TYPE)				Date	Month	Day	Year
1. Name of Deceased	First BARBARA	Middle	Last VILLA	Date of Death December 16, 2007			
2. Place of Death County Palm Beach	City, Town or Location Delray Beach		Name of Hosp. or Inst. Delray Medical Center				
3. Name of Medical Certifier Dr. Hospice - Delray	Address 5360 Linton Boulevard, Delray Beach, FL 33484				Phone Number (561) 637-5180		
Medical Examiner <input type="checkbox"/>	Physician <input checked="" type="checkbox"/>						
4. Name of Funeral Home/Direct Disposal Establishment Florida Funeral Home &	Address 1495 North West 17th Avenue Miami, FL 33125-2347	Fia. Lic. No./Reg. No. 9002068	Phone No. (Area Code) (305) 325-1171				
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/> <i>Delicia</i> was contacted on <i>Dec 17 @ 11:04am</i> . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <i>Dr HOSPICE Physician</i> will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/> _____ was contacted on _____, He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/ Direct Disposer	Signature <i>Alma</i>	F.E. No./Reg. No. FO26901	Date Signed <i>12/17/07</i>	Permit No. 9002068-1161			
B. BURIAL - TRANSIT PERMIT							
Permission is hereby granted to dispose of this body. Permit No. _____							
<input checked="" type="checkbox"/> A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.							
<input type="checkbox"/> No extension of time for filing the death certificate has been requested.							
Registrar or Subregistrar Signature	<i>Diongo</i>	Date Issued: <i>12/17/07</i>	Date Certificate Due: <i>12/29/07</i>				

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Examiner, \_\_\_\_\_, gave authorization by telephone to \_\_\_\_\_  
Funeral Director/Direct Disposer. Date: \_\_\_\_\_

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORIUM			
Method of Disposition:	Place of Disposition	Southborough Rural Cemetery Southborough, MA	
<input type="checkbox"/> BURIAL	<input type="checkbox"/> STORAGE	Date of Disposition	December 19, 2007
<input type="checkbox"/> CREMATION	<input type="checkbox"/> OTHER (Specify) <i>Burial (e. Williams-Lam)</i>	Sec. H, Grv#170	
Signature of Sexton or Person-in-Charge }			

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.



## INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

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### APPLICATION FOR PERMIT

#### Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
  - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

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### BURIAL-TRANSIT PERMIT

#### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

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### AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

#### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

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### CEMETERY OR CREMATORIAL

#### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

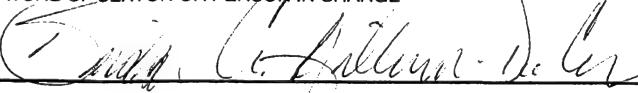
FORM ST-1, 12/2010

<b>STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT</b>		1. BURIAL PERMIT NO <i>RECEIVED</i> 11/20/2015 S-46
3. DECEASED'S NAME (First, Middle, Last) <i>Elaine Walker</i>		4. SEX <i>F.</i>
6. AGE <i>65</i>	7. DATE OF BIRTH (Month, Day, Year) <i>7/7/1950</i>	8. CITY, TOWN, OR LOCATION OF DEATH <i>Concord</i>
9. COUNTY OF DEATH <i>Merrimack MA</i>		5. DATE OF DEATH (Month, Day, Year) <i>11/24/2015</i>
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3.Cremation 4.Donation 5. Mausoleum 6.Other): CODE: I Burial		
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <i>Rural Cemetery</i>		
12. LOCATION (City/Town, State) <i>Southborough, MA</i>		
13. DATE OF DISPOSITION (Refer to 19a) <i>11/24/2015</i>		
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		
15. LOCATION OF FINAL DISPOSITION (City/Town, State)		
16. FUNERAL DIRECTOR CARL A MICHAUD		17. N.H. LIC. NUM ONLY #43
18. NAME AND LOCATION OF FACILITY (City/Town, State) MICHAUD FUNERAL HOME LLC, WILTON, NH		
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register # app.) CARL A MICHAUD		20. CITY/TOWN <i>Concord</i>
21. DATE ISSUED (Month, Day, Year) <i>11/23/2015</i>		
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)
		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Full Earth Burial		28. DATE OF DISPOSITION (Month, Day, Year) 11/24/2015
29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772		30. SECTION B-West, Lot 39
31. GRAVE NO. Grv#6		32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Elaine Walker - M</i>
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.		

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

RECEIVED  
TOWN CLERK'S OFFICE

FORM BT-1, 1/96

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO  2. CITY OR TOWN
3. DECEDENT'S NAME (First, Middle, Last) <b>ROBERT L WALKER II</b>			4. SEX <b>MALE</b>
6. AGE <b>52 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>SEPTEMBER 06, 1958</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>EXETER</b>	9. COUNTY OF DEATH <b>ROCKINGHAM</b>
10. METHOD OF DISPOSITION: 1. Burial    2. Temp. Entombment 3. Cremation    4. Donation 5. Mausoleum    6. Other  CODE: <b>3</b>		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CREM</b>	12. LOCATION (City/Town, State) <b>WORCESTER, MA</b>
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			15. LOCATION (City/Town, State)
16. FUNERAL DIRECTOR <b>NANCY G MORRIS</b>		17. N.H. LIC. NO ONLY <b>000</b>	18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MA</b>
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) <b>ROBERT K GRAY JR</b>		20. CITY/TOWN <b>EXETER</b>	21. DATE ISSUED (Month, Day, Year) <b>NOVEMBER 04, 2010</b>
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)
27. TYPE OF DISPOSITION (Cremated, buried, etc.)  <b>Burial of cremated remains</b>		28. DATE OF DISPOSITION (Month, Day, Year)  <b>11/15/2010</b>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State)  <b>Rural Cemetery Southborough, MA</b>
30. SECTION <b>Sec.9, Lot9C</b>	31. GRAVE NO. <b>4A</b>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE  	

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.



## The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

94 3047 ✓

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
1. Stanley G.		Walker	2. Male	November 22, 1994		
4a PLACE	PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	
4c HOSP.	Worcester		4b Worcester		4c 56 Fruit Street	
5 TYPE	PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 5 OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				SOCIAL SECURITY NUMBER	
7 VET.					6 031-22-9130	
8 HISP RACE	DECEDENT WAS DECEASED OF HISPANIC ORIGIN? (Yes, Specify Puerto Rican, Dominican, Cuban, etc.) 5 NO <input type="checkbox"/> YES 8a Specify:		RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b White		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) College (1-4, 5+)	
9 EDUC.					9	
10 AGE	AGE - Last Birthday (Yrs)	UNDER 1 YEAR MOS	UNDER 1 DAY DAYS	DATE OF BIRTH (Mo., Day, Yr.) 10d Feb. 3, 1913	BIRTHPLACE (City and State or Foreign Country) 11 Worcester, Massachusetts	
11 NATIVITY	MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name) 12 Married 13 Gladys S. Budelman		USUAL OCCUPATION (Prior - If retired) 14a Attorney	
12 MARITAL					KIND OF BUSINESS OR INDUSTRY 14b Self Employed	
15 RESID.	RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		56 Fruit Street; Worcester; Worcester Co; Massachusetts		ZIP CODE 15b 01609	
16 OUT-STATE	FATHER - FULL NAME 16 Fred A. Walker		STATE OF BIRTH (If not in US, name country) 17 Mass.	MOTHER - NAME (GIVEN) (MAIDEN) 18 Irene Goddard	STATE OF BIRTH (If not in US, name country) 19 Mass.	
20 INFORMANT	INFORMANT'S NAME Mrs. Stanley Walker		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21 56 Fruit St; Worcester, Massachusetts 01609		RELATIONSHIP 22 Wife	
21	METHOD OF DISPOSITION 23 <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC:		FUNERAL SERVICE LICENSEE 24 Thomas H. Hays		LICENSE # 4886	
22	PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 28a Rural Cemetery		LOCATION (City/Town, State) 26b Southborough, Mass.			
23	DATE OF DISPOSITION (Mo., Day, Yr) 27 Nov. 26, 1994		NAME AND ADDRESS OF FACILITY 28a/b Leland-Hays F.H.Inc; 56 Main St, Northborough, Mass.			
24	29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pneumonia		DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death Days	
25	Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. b. c. d.		DUE TO (OR AS A CONSEQUENCE OF)			
26	PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.		WAS AUTOPSY PERFORMED? (Yes or No) 31 N		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32	
27	30 WAS CASE REFERRED TO M.E.? (Yes or No) 33 No		34 MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION	DATE OF INJURY (Mo., Day, Yr.) 35a	TIME OF INJURY 35b	INJURY AT WORK (Yes or No) 35c M
28	DESCRIBE HOW INJURY OCCURRED 35d		PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: 35e	LOCATION (No. & St., City/Town, State) 35f		
29	36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) Peter C. Lindblad MD		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) Peter C. Lindblad MD			
30	36b DATE SIGNED (Mo., Day, Yr.) 36c November 22, 1994		36d HOUR OF DEATH 36e 8:00 a.m.	37b DATE SIGNED (Mo., Day, Yr.) 37c	HOUR OF DEATH 37d	
31	36d NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 36e Fred Georgeian		37c PRONOUNCED DEAD (Mo., Day, Yr.) 37d		PRONOUNCED DEAD (Hr.) 37e	
32	NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) 38 Peter C. Lindblad in May Street Worcester Massachusetts				LICENSE NO. OF CERTIFIER 39 53823	
33	WAS THERE AN R.N. PRONOUNCEMENT? 40a Yes or No No		IF YES, DATE PRONOUNCED 40b	IF YES, TIME PRONOUNCED 40c M	40d NAME OF PRONOUNCING REGISTERED NURSE NAME	
34	DATE BURIAL PERMIT ISSUED: 41 Nov. 23, 1994		RECEIVED IN THE CITY/TOWN OF: 42 WORCESTER		DATE OF RECORD NOV. 25, 1994	
35	SIGNATURE - BD. OF HEALTH AGENT 41		CLERK'S SIGNATURE 42		43	

BLACK INK ONLY

## REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HARTFORD, CT 06134-0308

10 / 09 2001

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

WHO DIED AT

ON

Edith M. Ward

Avon Health Center

10 / 07 / 2001

CAUSE OF DEATH

**Respiratory Failure**

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)

Southborough Rural Cemetery, Southborough, MA

BURIAL PLOT Ward	SECTION NO. 12 west	LOT NO. 60	GRAVE NO. 2A	OTHER PLACE OF INTERMENT (Specify)
ISSUED TO (Name of Funeral Director or Embalmer) <b>Richard J. Vincent</b>		ADDRESS Vincent Funeral Home, 120 Albany	Tpke, Canton, CT 2315	IF EMBALMER, LICENSE NO.
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.		SIGNED (Registrar of Vital Statistics) <i>Betty J. Murphy, Aet.</i>	TOWN OF Avon	TRANSIT PASTER <input type="checkbox"/> YES <input type="checkbox"/> NO
SEXTON'S ENDORSEMENT		THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature) <i>J. Gerald Coffey</i>	DATE BODY BURIED CREMATED 10 / 20 / 01	

**COPY**

Farmington Valley Crematory  
120 Albany Turnpike  
Canton, CT 06019

No. 0457  
This certifies that

*Edith Ward*  
has been cremated at Farmington Valley Crematory by authority of the cremation permit as issued by the local Board of Health.

Date October 10, 2001

*Farmington Valley Crematory*  
*R. W. Vitek*  
Superintendent

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST ROSETTA		1B. MIDDLE R.	1C. LAST WATSON
2. SEX <input checked="" type="checkbox"/> F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 12/07/1924	4. DATE OF DEATH (MONTH, DAY, YEAR) 12/03/2011	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) <b>RECEIVED TOWN CLERK'S OFFICE</b> 2012 MAR 21 A 11:38
6A. CITY OF DEATH SAN LUIS OBISPO		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN LUIS OBISPO	
7A. NAME OF INFORMANT BARBARA WATSON		7B. RELATIONSHIP TO DECEDENT DAUGHTER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON MANAGING BURIAL, SCATTERING, Cremation, or other disposition SOUTHBOROUGH, MA
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE PO BOX 811 SAN LUIS OBISPO, CA 93406		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD374	
<b>ACKNOWLEDGEMENT OF APPLICANT</b> —I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			
<b>PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR</b> —ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION <small>This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.</small>			
10A. AMOUNT OF FEE PAID <b>\$ 11.00</b>	10B. DATE PERMIT ISSUED <b>12/13/2011</b>	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>PENNY BORENSTEIN, MD</b>	10B. DATE SIGNED <b>12/08/2011</b>
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA SAN LUIS OBISPO HEALTH DEPT. PO BOX 1489 SAN LUIS OBISPO, CA 93406		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D --	
11. AUTHORIZED DISPOSITION(S) <b>CR/TR/BU</b>		FOR CORONER'S USE ONLY	
<b>BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)</b>	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772</b>	12B. DATE BURIED <b>Jan. 30, 2012</b>	12C. INTERMENT NUMBER—IF APPLICABLE <b>Sec.11, Lot 44, Grv#1B</b>
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING <b>O. Hallinan-Je</b>	
<b>CREMATION</b>	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>WHEELER-SMITH CREMATORY, 2890 S. HIGUERA, SAN LUIS OBISPO, CA 93401</b>	13B. DATE OREMATED <b>12/13/2011</b>	13C. CREMATION NUMBER—IF APPLICABLE <b>02214</b>
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>LKS</b>	
<b>SCIENTIFIC USE</b>	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>L</b>	
<b>TRANSIT</b>	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MA 01772</b>	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>L</b>	15D. DATE SHIPPED
<b>SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY</b>	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL <b>L</b>	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.\*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.\*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.\*

\* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**Town of Southborough  
Rural Cemetery**

*Application for Removal of Remains*

We the undersigned hereby requests and authorizes Rural Cemetery in Southborough Massachusetts, subject to its Rules and Regulations, to remove from Grave No. 2

Lot No.43 N.E Section\_B-West on the 16<sup>th</sup> day of November 2006 the remains

of Maddison Roseanne Webster who was delivered a previable fetus at New England Medical Center on November 6<sup>th</sup> 2001. An official permit will generated by the Town of Southborough for the removal from Rural Cemetery and interment at Saint Luke's Cemetery in Westborough Massachusetts.

We hereby certify that we are the Parents of the above named descendent and that this is your authority to make disposition of the remains of the said descendent as above indicated. We hereby certify and represent that we have the legal right to make this authorization and agree to hold the Town of Southborough and it's Rural Cemetery harmless from any liability on account of such authorization and removal.

Signed Lynn Webster

Lynn Webster (mother)

Signed Scott Webster

Scott Webster (Father)

Address 37 Robin Road Westborough, MA 01581

Signed Funeral Director

Barry Dennis  
Barry Dennis

Britton-Summers Funeral Home Inc.  
4 Church Street  
Westborough, MA 01581

**COPY**

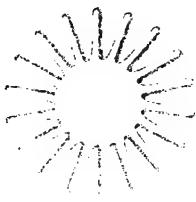
\*THIS FORM MUST BE NOTARIZED.

Subscribed and sworn to before me in my presence, this thirteenth day of November, 2006, a notary public in and for the state of Massachusetts, county of Worcester.

Marguerite R. D'Agostino  
Notary

My commission expires 1-2-12

New England Medical Center  
*A Lifespan Partner*



TUFTS UNIVERSITY  
SCHOOL OF MEDICINE

Britton Sumners Funeral Home  
4 Church Street  
Westborough, ma. 01581

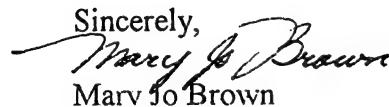
Mary Jo Brown  
Director of Admitting Services  
New England Medical Center  
750 Washington Street  
Boston, Ma. 02111

November 8, 2001

Dear Sir,

Please be advised that Mrs. Lynn Webster delivered a preivable fetus at New England Medical Center on November 6, 2001. The circumstances do not require a certificate of fetal death.

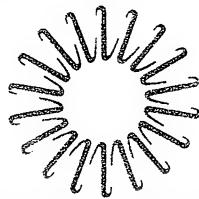
If you should have any questions I can be reached at 617-636-6000.

Sincerely,  
  
Mary Jo Brown

COPY

Re: Lynn Webster  
37 Robin Road  
Westborough, Ma. 01581

New England Medical Center  
A Lifespan Partner



TUFTS UNIVERSITY  
SCHOOL OF MEDICINE

Received and filed in the Office of the Town Clerk Nov. 16, 2006 10:am  
*Paul Berry*  
Paul Berry  
Town Clerk

Britton Summers Funeral Home  
4 Church Street  
Westborough, ma. 01581

Mary Jo Brown  
Director of Admitting Services  
New England Medical Center  
750 Washington Street  
Boston, Ma. 02111

November 8, 2001

Dear Sir,

Please be advised that Mrs. Lynn Webster delivered a preivable fetus at New England Medical Center on November 6, 2001. The circumstances do not require a certificate of fetal death.

If you should have any questions I can be reached at 617-636-6000.

Sincerely,

*Mary Jo Brown*  
Mary Jo Brown

Re: Lynn Webster  
37 Robin Road  
Westborough, Ma. 01581

Received and filed in the Office of the Town Clerk Aug. 10, 2004

**REMOVAL, TRANSIT AND BURIAL PERMIT**

PERMIT NO.

DATE ISSUED

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HARTFORD, CT 06134-0308

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. **must accompany body** and c. **must be given to person in charge of cemetery** and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. **THIS IS NOT a permit to cremate.** For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

Alexander Whitman

WHO DIED AT

Chester Village-West

ON

7/130/04

CAUSE OF DEATH

Cardiac Arrest

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)

Burnett Burial Park

BURIAL PLOT

SECTION NO.

LOT NO.

GRAVE NO.

OTHER PLACE OF INTERMENT (Specify)

Northeast Cemetery

ISSUED TO (Name of Funeral Director or Embalmer)

Swan Funeral Home

ADDRESS

70 Main St. Deep River, CT

IF EMBALMER, LICENSE NO.

Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

O'Brien

TOWN OF

Chester

TRANSIT PASTER

 YES    NO

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED  
CEMETERY (Sexton's Signature)

DATE BODY BURIED

8/11/04



## State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

## APPLICATION FOR BURIAL – TRANSIT PERMIT

A.	(Type or Print)				
1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month Day Year
	Cecelia	L.	Giles	February 22, 199	
2. Place of Death County	City, Town or Location		Name of (If neither, give street address) Hosp. or Inst.		
Pinellas	St. Petersburg		North Shore Center		
3. Name of Medical Certifier	Medical Examiner		Address	Phone Number	
Susan B. Betzer, M.D.			461-7th Avenue South, St. Petersburg, Florida 33701		
	Physician		823-0402		
4. Name of Funeral Home/ Direct Disposer	Address		Fla. Lic. No./Reg. No.	Phone Number (Area Code)	
Anderson-McQueen Funeral Home	2201-9th St. N. St. Petersburg, FL 33704		305	813-822-2059	
5. Check Appropriate Box	a <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b <input checked="" type="checkbox"/> Lucy @ Dr. Betzer was contacted on 2/22/96 within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Betzer will complete and sign the medical certification of cause of death. c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.				

6. Place of Final Disposition:	In state cemetery/ Crematory - name/county:	Directors Service, Inc. Cremation Removal Pinellas	from state	<input type="checkbox"/> Donation
7. Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No.	Date Signed	2/22/96

B. BURIAL – TRANSIT PERMIT      Permit No. 305-11482

Permission is hereby granted to dispose of this body.

A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

No extension of time for filing the death certificate requested.

Registrar \_\_\_\_\_ Subregistrar Signature \_\_\_\_\_ Date Issued: 2/22/96 Date Certificate Due: 2/27/96

C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature \_\_\_\_\_, Medical Examiner      Date \_\_\_\_\_  
or  
Medical Examiner \_\_\_\_\_ gave authorization by telephone to \_\_\_\_\_  
Funeral Director/Direct Disposer. Date \_\_\_\_\_  
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

- Date Burial-Transit Permit (pink copy) was filed with Local Registrar: \_\_\_\_\_
- Date Temporary Certificate was filed with Local Registrar: \_\_\_\_\_
- Date complete Certificate was filed with Local Registrar: \_\_\_\_\_
- Follow-Up Efforts & Activities (Note parties & dates contacted): \_\_\_\_\_
- Name and place of disposition Rural Cemetery Southborough, MA Sec.4, Lot 26A, Grv#1A on 7/27/04
- Funeral Director/Direct Disposer Report filed: Yes  No \_\_\_\_\_ Date Filed: August 10, 2004

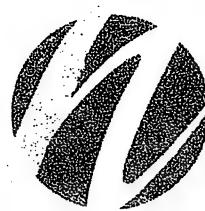
The cremated remains of Cecelia L. Giles were buried on 7/27/04

FUNERAL DIRECTOR/DIRECT DISPOSER COPY Bridget A. Gilleney

## **Washington State Burial – Transit Permit**

Legal Name (include AKA's if any) First <b>Alexander</b> Middle <b>Harvey</b> LAST <b>Whitman</b> Suffix					Death Date <b>Jun 20 2014</b>
Sex (M/F) <b>M</b>	Age - Last Birthday <b>70</b>	Under 1 Year Months <b></b>	Under 1 Day Days <b>28</b>	Hours <b></b>	Minutes <b></b>
Birthdate <b>May</b>		Birthplace (City, Town, or County) <b>Boston</b>		(State or Foreign Country) <b>Massachusetts</b>	
County of Death <b>Kitsap</b>					

2015 MAY 15 AM 11:28



Washington State Department of  
**Health**

ROBERT BROWN

Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital: Hospice		
Facility Name (If not a facility, give number & street or location)  Deceased's Residence		City, Town, or Location of Death  Bremerton		State WA
Method of Disposition  Cremation		Place of Final Disposition (Name of cemetery, crematory, other place)  Cherry Grove Crematory		Location - City/Town, and State  Poulsbo, WA
Name and Complete Address of Funeral Facility  Lewis Funeral Chapel 5303 Kitsap Way, Bremerton WA				Date of Disposition  June
Funeral Director Signature X				

## **This Burial Permit Must Accompany Remains to Destination**

**A Certificate of Death having been Filed as required by the Laws of the State of Washington,  
Permission is Hereby given to Dispose of the Body as Stated Above.**

**Registrar Address**

Date Signed (MM/DD/YYYY)

**Registrar Signature X**

## **Cemetery or Crematory Fill in Below**

**This Permit must be endorsed by the Sexton where interment is made, or by the Funeral Director where there is no Sexton.**

Body was cremated remains were buried (Buried or Cremated) on May 9, 2015 (MM/DD/YYYY) In Burnett Burial Park (Cemetery or Crematory)

**Place** Whitman Lot - Northeast corner **Signature** 

**Return within 10 days to the Registrar of the District in which the cemetery is located.**

**Out-of-State Destination of Cremated Remains**

**Name of Cemetery or Facility** Burnett Burial Park

**Northeast Corner Whitman area**

**City/Town, and State**

**Southborough, MA 01772**

Digitized by srujanika@gmail.com



Received and filed in the Office of the Town Clerk Aug 25, 2006  
 State of Florida, Department of Health, Vital Statistics  
 APPLICATION FOR BURIAL - TRANSIT PERMIT

*Paul J. Berry*  
 Paul J. Berry, Town Clerk

## A. (TYPE)

1. Name of Deceased	First	Middle	Last	Date of Death	Month	Day	Year
	BARBARA	W	WILEY	JULY	20	2006	
2. Place of Death	City, Town or Location		Name of (If neither, give street address) Hosp. or Inst.				
County INDIAN RIVER	VERO BEACH		VNA HOSPICE HOUSE				
3. Name of Medical Certifier	WILLIAM T. MCGARRY, M.D.	Address	1460 36TH STREET VERO BEACH, FLORIDA	Phone Number 772-562-7777			
Medical Examiner	<input checked="" type="checkbox"/> Physician						
4. Name of Funeral Home/Direct Disposal Establishment	COX-GIFFORD-SEAWINDS FUNERAL HOME & CREMATORI	Address	1950 20TH STREET VERO BEACH, FLORIDA	Fia. Lic. No./Reg. No. 2214	Phone No. (Area Code) 772-561-2365		
5. Check Appropriate Box	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input type="checkbox"/> _____ was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/ Direct Disposer	<i>E. J. 9</i> Signature		F.E. No./Reg. No. 2423	Date Signed			

## B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 06-2214-252

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature *U*

Date

issued: 07/20/06

Date Certificate

Due: 07/27/06

## C AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: 06-19-07-168

Date 07/20/06

Medical Examiner, ROGER MITTELMAN, M.D., gave authorization by telephone to R. MARSHALL VOYLES, JR.

Funeral Director/Direct Disposer. Date 07/20/06

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

The cremated remains of Barbara W. Wiley  
 were buried on August 18, 2006.

Disposition took place at Rural Cemetery, Southborough, MA  
 Section 1-C, Lot R, Grv#1B

Bridget A. Gilleney-DeCenzo, Cemetery Supervisor

RECEIVED  
TOWN CLERK'S OFFICE

2012 APR 10 P 2:41

SOUTHBOROUGH, MA 02471-1204



Colorado Department  
of Public Health  
and Environment

## AUTHORITY FOR FINAL DISPOSITION

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

- It is unlawful for any person in charge of a burial place or crematory to permit burial or other disposition of a dead human body or fetus until a final disposition permit has been issued.
- A final disposition permit may be issued only upon registration of a completed death certificate.
- A final disposition permit is required for any type of disposition of a dead human body or fetus.
- This permit may be used for transporting by common carrier.
- All permits must be endorsed by the sexton, recorded in the sexton's register, and forwarded within five days of disposition to the local registrar or designee in the county where death occurred.
- This permit meets all the requirements of C.R.S. 12-54-307(2)(a)(IX).
- This permit does not supersede other legal requirements for burial and/or cremation on private property (meaning not an established cemetery or crematory), such as city/county ordinance, land use regulations, covenants, etc. The landowner and/or funeral director is responsible for determining if such requirements or restrictions exist, prior to final disposition.

This final disposition permit, when completed and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with Section 25-2-111 C.R.S. 1982. This permit must accompany the remains to their destination.

Name of Decedent	Frederick David WOOD	Date of Death	March 11, 2012							
Sex	M	Age	64	Date of Birth	Mar. 27, 1947	Place of Death	Louisville	City	Boulder	County
Name of Funeral Establishment	All-States Cremation Services, Inc.									
Address of Funeral Establishment	3200 Wadsworth Blvd., Wheat Ridge, Colorado 80033									
Type of Disposition	Cremation	Place	All Mortuary & Crematory							
Cemetery or Crematory	All Mortuary & Crematory			City	Denver	State	Colorado			

Additional information regarding transport and/or disposition (if needed):  
  
\_\_\_\_\_  
  
\_\_\_\_\_

I have examined the completed death certificate for the decedent named above, and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to Section 25-2-103 C.R.S. 1982 in the county where the death occurred.)

*Monica Gardner*  
Signature

Deputy Registrar

3450 Broadway Boulder, Colorado 80033

Title

March 16, 2012

Address

Date

Items below are to be completed by the cemetery or crematory official. Where there is no full-time person in charge, the funeral director may sign as sexton. This form must then be forwarded within five days of disposition to the local registrar or designee in the county where the death occurred.

Type of Disposition Burial - Remains Date 4/5/2012 In Lot 37-N Block -- Section C-West

Place Rural Cemetery Southborough MA  
Cemetery or Crematory City State

*B. C. Williams, Jr.*  
Signature

Cemetery Supervisor April 5, 2012

Title

Date

VIETNAM ARMY

RECEIVED  
POSTAL OFFICE

A 8:05

 <b>State of Florida, Department of Health, Bureau of Vital Statistics</b> <b>BURIAL TRANSIT PERMIT</b> DATE PRINTED: June 17, 2015		2015 JUN 31 SOUTHBOROUGH, MA
<b>1. DECEASED INFORMATION</b>		
Name of Deceased  RICHARD ELLIOTT WORKS	Date of Death  January 29, 2015	
Place of Death - County  BREVARD	City, Town or Location  MELBOURNE	Name of facility, or street address if not a facility  1619 PGA BLVD
Name and Address of Funeral Home/Direct Disposal Establishment  BEACH FUNERAL HOMES & CREMATION SERVICES - WEST F052124 4999 N WICKHAM ROAD MELBOURNE, FLORIDA, 32940		Fla. Lic. No./Reg. No. (321) 777-4640  F052124
Funeral Director/Direct Disposer  DAVID J. ELLIS	Fla. Lic. No./Reg. No.  F044995	
<b>2. BURIAL - TRANSIT PERMIT</b>		
The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.		
Ken Jones State Registrar		
Permit Number:  2015-F052124-5007		
Date Issued:  January 29, 2015		
<b>3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION</b>		
Authorization given by Medical Examiner District  18	Approval Number:  C15-02-046	
<b>4. CEMETERY OR CREMATORIAL</b>		
Place of Disposition: Rural Cemetery, Southborough, MA Sec.11, Lot 20, Grv#1A		
Method of Disposition: Burial cremated remains	Date of Disposition: June 26, 2015	
EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.		
If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so. DH 326E, 10/12 64V-1.011, Florida Administrative Code		

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**



STATE OF NEW HAMPSHIRE  
**BURIAL — TRANSIT PERMIT**

Burial Permit No.....46.....

City or ..... Claremont, N.H.  
Town of .....

Full name of deceased ..... ERNEST JOHN WYCKSTROM  
Place of death ..... Claremont ..... Sullivan ..... New Hampshire...  
(Town or City) ..... (County) ..... (State)  
Date of death April 12, 1992 ..... 19 ..... Color White ..... Sex Male ..... Age 77  
Cause of death Multiple Bleeding site and resulactonemia .....  
Method of disposal Burial ..... Rural Cemetery ..... (Cemetery, Crematory, or Vault)  
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) ..... Southboro, ..... Mass  
Town or City .....

A certificate of death having been filed as required by the laws of this State, permission is hereby given to  
John P. Rowe Funeral Home, Inc. .... Town or City Marlboro, Ma. .... 01752..  
(Funeral Home) 57 Main Street

to dispose of body of said deceased as above stated. Date Issued April 13, 1992  
Signature ..... Rowe J. Nelson ..... City or Town of Claremont, N.H. .... 03743.....  
(Town Clerk, Sub-Registrar, Agency City Board of Health)

**CEMETERY OR STOARGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**

If stored, body was placed in ..... on ..... 19 .....  
(Name of storage vault)

Town or City .....

Signature ..... (Sexton or person in charge of storage vault)

**CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW**

Body was ..... Buried ..... on ..... Apr. 16, 1992 ..... in ..... Rock Cemetery .....  
(State whether cremated, buried, etc.) ..... (Cemetery, Crematory, or Vault)

Town or City: ..... South Barrekt ..... State ..... MA ..... Section: 15.....

Lot No. ..... 27 ..... Grave No. ..... 6 ..... Signature ..... Budget C. Gilleney .....  
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

## READ CAREFULLY

**OFFICIALS:** This burial-transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before, - or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

**FUNERAL DIRECTORS:** The burial-transit permit is required for any manner of disposition of a dead body including embalming, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

RECORDED  
TOWN OF SOUTHBOROUGH

MAY 7 1992

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

TOWN CLERKS OFFICE

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

**CREMATION:** When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

**SEXTON:** It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

**DISINTERMENT:** This burial-transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

**STORAGE:** When a body is to be stored this permit will be completed by the sexton where the body is entombed and forwarded by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.